

ASH Program Referral and Application Form Niagara Region

The Addictions Supportive Housing (ASH) Program is an abstinence-based supportive housing program with a mandatory treatment component. Submission of an application does not guarantee acceptance into the program. Eligibility and admission are determined based on program criteria, assessment outcomes, availability, and priority consideration for residents of the Niagara Region.

REFERRAL AND SUBMISSION DETAILS

Referring Worker / Agency (if applicable):

Name: _____

Agency: _____

Phone/Email: _____

Date Application Submitted (DD/MM/YYYY): _____

APPLICANT INFORMATION

Full Name: _____

Date of Birth (DD/MM/YYYY): _____

Identified Gender: _____

Phone Number: _____

Alternate Phone Number: _____

Email Address: _____

Are you a current Niagara Resident? _____

Current Address: _____

Can we identify ourselves and the Agency? _____

What is your current source of income? _____

ADDICTION AND RECOVERY INFORMATION

Date of last alcohol/drug use: _____

Primary Substance(s) of Concern:

- Alcohol
- Opioids
- Cocaine/Crack
- Methamphetamine
- Cannabis
- Benzodiazepines
- Other: _____

Do you have any other current behavioural/process addictions?

- Gambling
- Gaming/Video Games
- Internet/Social Media Use
- Shopping/Spending
- Sex/Pornography
- Food/Eating Behaviours
- Work/Overworking
- Other: _____
- No current behavioural/process addiction concerns identified

Have you previously attended addiction treatment?

- No
- Yes, within the last 3 months
- Yes, within the last 6 months
- Yes, within the last year
- Yes, more than 1 year ago

If yes, please provide details:

HEALTH AND WELLNESS

Do you have any accessibility needs, mobility concerns, medical requirements, physical health concerns or other accommodation needs that may affect your participation in the program or your housing needs?

- Yes
- No

If yes, please describe any accommodations or supports that may help you participate successfully:

Do you have any diagnosed mental health conditions?

- Yes
- No

If yes, please describe:

Do you have any cognitive, learning, developmental, or acquired brain injury-related challenges that may affect your participation in housing, treatment, or recovery programming?

- Yes
- No

If yes, please describe any accommodations or supports that may help you participate successfully:

Are you currently connected with a physician, psychiatrist, therapist, or other healthcare provider?

- Yes
- No

If yes, please provide details:

List of current medications:

LEGAL INFORMATION

Are you currently involved with the criminal justice system?

- Yes
- No

If yes, please check all that apply:

- Probation
- Parole
- Bail/Release Conditions
- Diversion Program
- Drug Treatment Court
- Pending Charges
- Conditional Sentence
- Other: _____

Do you have any court orders, conditions, restrictions, or legal obligations that will affect your participation in the program? (Check all that apply)

- None
- Court-ordered treatment or counseling
- Curfew
- Required court appearances
- Community service requirements
- No-contact order(s)
- Travel restrictions
- House arrest or electronic monitoring
- Child custody or family court obligations
- Immigration-related requirements
- Other legal obligation or restriction (please specify): _____

If you checked yes to any of the above, please provide details about how these obligations will affect your participation in the program:

Do you have any upcoming court appearances, legal proceedings, or reporting requirements?

- Yes
- No

If yes, please provide details:

Are you currently working with a probation officer, parole officer, case manager, or other justice system representative?

- Yes
- No

If yes:

Name: _____

Agency: _____

Phone/Email: _____

Do you consent to CASON contacting this individual as part of the assessment process?

- Yes
- No

PROGRAM READINESS

Please tell us about your current living situation and any housing challenges you may be experiencing.

This program involves living in a shared recovery-focused housing environment with other individuals participating in addiction recovery supports. How do you feel about living in this type of setting?

- Comfortable and willing to participate
- Some concerns but open to support
- Not sure / need more information
- Not comfortable at this time

Are you willing to:

Requirements	Yes	No
Maintain abstinence while residing in the program	<input type="checkbox"/>	<input type="checkbox"/>
Participate in mandatory treatment programming	<input type="checkbox"/>	<input type="checkbox"/>
Attend required meetings and appointments	<input type="checkbox"/>	<input type="checkbox"/>
Follow house rules and program expectations	<input type="checkbox"/>	<input type="checkbox"/>
Participate in recovery planning and goal setting	<input type="checkbox"/>	<input type="checkbox"/>

What supports, activities, or strategies are helping you maintain or strengthen your recovery at this time?

What CASON programs are you currently involved in?
