

What is the Phoenix Transition Housing Program?

The Phoenix Transition Housing Program is a Provincial Homelessness Initiative developed in partnership with BC Housing that provides safe, structured housing combined with enhanced recovery support services to assist men and women 19 and older who have initiated lifestyle change (by completing a structured recovery program) to achieve long term stability in the areas of housing, education, employment and quality of life.

The Phoenix Transition Housing Program is situated within a hub of integrated services and is located at the Quibble Creek Health and Phoenix Transition Housing Centre adjacent to the Phoenix Centre at 13670-94A Avenue in Surrey. The program consists of 52 furnished studio style apartments and is designed for men and women who are motivated and ready to implement employment and educational action plans within a structured program that assists residents in reaching their personal recovery goals.

What is the acceptance criteria?

Applicants must:

- Have a demonstrated commitment to recovery for at least three months (attended outpatient counselling or a structured residential recovery program) and are homeless or at risk of homelessness;
- Be motivated and ready to implement a personal recovery plan with monthly reviews that includes a:
 - ✓ concrete and detailed action plan for employment or education that you will implement while in the structured Transition housing program
 - ✓ recovery maintenance and relapse prevention plan;
 - ✓ financial management plan
 - ✓ plan for daily living: grocery shopping, budgeting, cooking, cleaning, laundry
 - ✓ health and physical fitness action plan
 - ✓ social and leisure time action plan
 - ✓ life/work balance action plan
 - ✓ plan to address your prioritized recovery needs
- Be ready to commit to being supervised in a structured transition housing program aimed at assisting you in reaching goals in the areas of employment, education and independent living for up to 2 years;
- Have a demonstrated commitment to abstinence which may include the use of prescribed medication and opiate replacement therapies as part of their overall recovery plan; and/or the use of prescribed medications providing you are under the supervision of the Phoenix Society's sessional physician;
- Have an outpatient substance use counselor whom you see regularly;
- Have the skills and capabilities to live independently;
- Not experience illness of a chronic nature that requires daily medical supervision or home care assistance or would warrant placement in a hospital, assisted living, nursing home, or rest home.
- Be able to complete the activities of daily living without assistance.
- Have documentation of current negative TB screen and/or chest x-ray within the last year.
- Be stable enough to self-organize successfully in the routines of healthy daily living (attend to good nutrition, exercise, recovery activities, medication management, rest, healthy social activities, financial management, etc.); and
- Qualify for MHSD (income assistance) or a source of funding that allows for a minimum monthly rent of \$375 per month if you are unemployed; or \$475.00 per month if you are employed. (Damage deposit of \$175 required).



How do you apply to access the Phoenix Transition Housing Program?

- Substance use and mental health professionals can refer you to the program
- Self-referrals are also welcome
- Complete the application form on the next page
- **Contact the Phoenix Transition Housing Program Admissions Office at 604-951-1122**

Application for Phoenix Transition Housing Program

INTERVIEWER NAME: _____ *****DATE: _____
yyyy mmm dd

Applicant Data

Applicant Name _____ Age _____ D.O.B _____
MMM DD YYYY

PHN: _____ S.I.N _____ Tel: _____

Length of abstinence as of today? _____ or Clean Date: _____

Are you an IV drug user? Yes No

Are you on a methadone maintenance program? Yes No (If so, please complete MMT Questionnaire)

Current Program or Address where you are now: _____

A&D Counsellor or Case Worker _____ Tel: _____

How did applicant hear about Phoenix Transition Housing Program _____

Do you have TB test results? Yes No Referred to Sessional Physician for testing? Yes No

Marital Status: Single Common Law Married Separated Divorced Widowed

Employment Status: Unemployed Employed Not in the Labour Force Student Retired

Homelessness Status: Are you currently homeless? Yes No Where are you currently housed?

Are you currently at risk of homelessness? (Couch surfing, staying with friends or family) Yes No

Education: University Degree College/Diploma Grade 9-12 Grade 1-8 Trades Training

Substance Use History

Substance used	Route of Administration	Age first used	How long substance used?	Is it the Primary Drug of Choice?
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>

Health

Diagnosed Physical Health Conditions

Heart Disease Diabetes Back Injury Pain Management Issue HEP C HIV+ AIDS

Food Allergies for

Medication Allergies for Upcoming surgeries for

Is there a physical health problem you are most concerned about right now?

CURRENT MEDICATIONS				
Medication Name	Dosage	How long have you been taking this medication?	What is the plan for the next three months?	Administration times per day

I am taking these medications regularly Yes No If not, why not?

I have a prescription for the next 30 days?

Diagnosed Mental Health Conditions

Diagnosis At what age: Psychiatrist Family Doctor Other

Diagnosis At what age: Psychiatrist Family Doctor Other

Diagnosis At what age: Psychiatrist Family Doctor Other

CURRENT MEDICATIONS

Medication Name	Dosage	How long have you been taking this medication?	What is the plan for the next three months?	Administration times per day

I am taking these medications regularly Yes No If not, why not?

I have a prescription in place for the next 30 days

Health – Suicide Risk

Have you ever felt suicidal? Yes No how recently?

Have you ever made an attempt? Yes No how recently? By what method?

Where you hospitalized? Yes No How long was your stay in hospital?

Were you seen by a psychiatrist while you were in hospital? Yes No Name:

Medical Contacts

Medical Contact	Name	Next appointment	Telephone
Family Doctor			
Specialist			
Psychiatrist			
Case Manager			
Counsellor			
Other			

Treatment History				
Dates of Treatment	Type: Detox, Support Recovery, Outpatient (OP), 28 day Treatment Program		Facility Name	Completed or incomplete (If incomplete, why?)

Clean Time History (Other Periods of Abstinence)		
From	To	What happened that started your substance use again?

Recovery Action Planning											
<p>What plans have you made to support your recovery in the Transition Housing Program? (Do you have a sponsor, a home group? How many meetings will you attend per week? Are you currently working through the 12 steps? Which step are you working on now? Are you willing to participate in individual and group counselling? List the names of people (and your relationship with them) who would be willing to support you in your recovery:</p> <p>Do you have a home group? _____ Do you have a sponsor? _____</p> <p>Sponsor Contact Number: _____</p> <p>How many meetings do you attend per week? _____</p> <p>(You must have an A&D counselor in order to be considered for the Transition housing program)</p> <p>Are you currently working through the 12 steps? Yes <input type="checkbox"/> No <input type="checkbox"/> Which Step _____</p> <p>List the names of clean and sober people who are willing to support you in your recovery plan?</p> <table> <thead> <tr> <th>Names</th> <th>Relationship to you</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </tbody> </table>		Names	Relationship to you	_____	_____	_____	_____	_____	_____	_____	_____
Names	Relationship to you										
_____	_____										
_____	_____										
_____	_____										
_____	_____										

In order of importance to you, make a list of your needs that you feel you need to prioritize in order to enjoy a healthy recovery-based lifestyle.

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

Relapse Prevention Action Planning

The Phoenix Transition Housing program has a special focus on relapse prevention skills. Relapse can be defined as a return to former self-defeating thoughts, feelings and behaviors which can result in a return to substance misuse. Developing a relapse prevention action plan will help you firm up your personal commitment to a clean and sober lifestyle and can serve as a starting point to measure your progress in the process of recovery. Putting your plan into action can be a vital factor in reducing the risk of relapse. Please describe your relapse prevention plan:

What are your high risk situations?

What are your plans to manage each of your personal high risk situations?

How do you plan to cope with stress that comes with new challenges and changes in lifestyle?

Who are the key clean and sober people you have chosen to support you in your relapse prevention planning?
What instructions have you given them about their roles as key supports in your relapse prevention planning?

Criminal Justice Involvement History

Do you have a criminal record? Yes No

What are your previous charges?

Charged with:

When

Charged with:	When

Are you facing any current charges? Yes No What are the charges?

Are you on probation currently? Yes No Are you on parole currently? Yes No

If yes, what are the conditions of your order?

Do you have upcoming court dates? Yes No Date:

Probation/Parole Officer Name:

Contact Number:

Employment Action Planning

How long have you been employed?

How long have you been unemployed For how long?
 1 to 6 months 7 to 12 months
 13 to 24 months more than 2 years

What kind of work do you do?

What kind of work would you like to do?

Do you need help with education, skills or training to find and keep employment? Yes No

What are the main employment action plan goals you want to accomplish?

What steps do you plan to take to reach these goals?

Education Action Planning

What are the main educational action plan goals you want to accomplish?

What education, skills and/or training do you need?

What steps do you plan to take to reach these goals?

Who are the key support people who can help you with your educational action plan?

Health and Physical Fitness Action Planning

What needs have you identified in the area of health and physical fitness?

What goals would you like to set for yourself in this area?

What steps do you plan to take to meet these goals?

Healthy Social Life/Leisure Planning

What do you like to do in your free time?

What social and leisure or recreational activities do you plan to participate in?

What steps do you plan to take to meet these goals?

Healthy Life/Work Balance Planning

What is your plan to achieve a healthy balance between work and education and your personal life goals?

What steps do you need to take to achieve a balance that's right for you?

What are the key parts of your stress management plan?

Sources of Income

Type	Amount per month	Comments
Employment	\$	
Employment Insurance	\$	
Employer (Union, EAP)	\$	
Income Assistance (Basic)	\$	
Income Assistance (PWD)	\$	
Income Assistance (PPMB)	\$	
ADS Subsidy	\$	
Self-pay	\$	
CPP <input type="checkbox"/> Other Pension <input type="checkbox"/>	\$	
Other	\$	

Accommodation History (In the last 12 months)

Dates: From - to	Type – Program, Rented suite or shared	Monthly Cost to Applicant
		\$
		\$
		\$
		\$

Family and Friends Action Planning

Are family and friends supportive? Yes No

Do you have a significant other who is supportive of your recovery? Yes No

Do you have children? Yes No Are you hoping to reunite with your family? Yes No

How do you plan to improve your social network for your recovery?

Hopes and Dreams

What are your hopes and dreams that you would like to achieve while in the Transition housing program?

Calculation of Resident Rent Contribution and Subsidy

SOURCE OF INCOME	MONTHLY STUDIO RENT	MONTHLY RENT CONTRIBUTION	MONTHLY PHOENIX SUBSIDY
	\$650.00		
If you are in receipt of income assistance, a flat rate applies to monthly rent		\$375.00	\$275.00 (non financial) Volunteerism
If you are employed full time, you pay 30% of your monthly income for rent each month		MAXIMUM \$475.00	You may deposit savings of \$175.00 in savings plan
CALCULATION			
Studio Unit Rent: \$ 650.00	\$650.00	\$	\$
Monthly Income is from <input type="checkbox"/> Income Assistance \$ _____ <input type="checkbox"/> Employment \$ _____ <input type="checkbox"/> Other \$ _____			
INCOME REVIEWED BY:	Print: _____	Sign: _____	Date: _____

Name of Applicant (please print)

Signature

mmddyyyy

Approved for Phoenix Transition Housing Program Date: _____

Not Approved Comments: _____

Approved for Transition Housing Program conditional upon attending STAR for 30 days

Approved for ESTLR

Comments:

Phoenix Transitional Housing Program Rules

Personal Effects acceptable in Supportive Housing residences:

	TV
	Stereo
	Microwave
	Computer
	Hangers
	Kitchen equipment
	Dishes
	Extra bedding
	Extra Towels
	Bathroom Toiletries
	Cleaning Supplies
	Fan
	1 personal hanging pictures/frame
	1 bookcase (3 shelves max)
	1 office/desk chair
	2 potted plants (max)

Attendance at required meetings;

	Two external support meetings
	Attendance at in house programs education /volunteer
	Weekly housing meetings
	Weekly unit inspection of your suite

Weekly unit inspections

	Staff will be conducting unit inspections with you weekly
--	---

Bed Bug protocol – This is in effect at move-in and on an ongoing basis

	At the time of move-in personal effects are to be brought in no more than 2 bags as per form and taken to the heat treatment room directly
	At move if personal effects are not in appropriate bags, they will need to be removed and placed in a container provided for heat treatment and taken to the heat treatment room
	On an ongoing basis – any packages brought into the building will need to be treated prior to bringing them into the building

Move in and Move out

	You will be required to sign off on a move-in sheet on accepting access to your unit.
	You will be required to sign off on a move-out sheet after a move out inspection. Without a move out inspection the unit will be considered abandoned and damage deposit is forfeited

Weekly Planner for the Week of _____, _____

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
7:00 AM							
7:30 AM							
8:00 AM							
8:30 AM							
9:00 AM							
9:30 AM							
10:00 AM							
10:30 AM							
11:00 AM							
11:30 AM							
12:00 PM							
12:30 PM							
1:00 PM							
1:30 PM							
2:00 PM							
2:30 PM							
3:00 PM							
3:30 PM							
4:00 PM							
4:30 PM							
5:00 PM							
5:30 PM							
6:00 PM							
6:30 PM							
7:00 PM							
7:30 PM							
8:00 PM							
8:30 PM							
9:00 PM							
9:30 PM							
10:00 PM							
10:30 PM							
11:00 PM							

NOTES: