



HOUSING SERVICES
MOMENTUM MINISTRIES

MOMENTUM MINISTRIES LIFE SKILLS PROGRAM APPLICATION FORM

CURRENT CLIENT INFORMATION

Legal Name (last, first): _____

Preferred Name: _____ Other Name (e.g., alias): _____

Date Of Birth (yyyy-mon-dd): _____

Do you need to apply for ID Yes No

Marital Status (Choose one only): Single/Never Married Separated Married/Common-Law/Partnered
 Widowed Divorced

Do you have any children?- Family Hx?

No

Yes

Please list the names and ages of your children:

CURRENT RESIDENCE INFORMATION

Mailing Address:

City: _____ Province: _____ Postal Code: _____

Home Phone: _____ Alternate or Cell Phone: _____ Fax Number: _____

Can we leave messages? YES NO

What is your primary language? _____

Please identify other languages you are able to communicate in:

If English is not your primary language, are you able to receive services in English? YES NO

Three months ago, were you a resident of a province or territory other than British Columbia?

No Yes, what date did you take up residency in British Columbia? (yyyy-mo-dd) _____



HOUSING SERVICES
MOMENTUM MINISTRIES

How did you hear about the Momentum Program?

- Self-Referral/ Community (Family/Friend) Other Social Service Agency: _____
- Addiction Funded Agency/Detoxification centers Health Professionals
- Social Services/Income Support Worker Correctional Facility/Legal System
- Leon/Bay-referrals Other (specify) _____

Emergency Contact:

Name: _____ **Phone Number:** _____

Relationship: _____

EMPLOYMENT AND EDUCATION

Source of Income: Social Assistance Employment Insurance Pension AISH Self No income

Income Assistance or AISH File # _____

Office Location and Worker name and phone number

Have you informed your worker you would like to attend Momentum Program?

- No Yes

Employment: Where did you last work (list previous 3)? How long?

1. _____
2. _____
3. _____

Education: What is your literacy level Grade 1-6 Grade 7-9 Grade 10-12 College University?

It is our mission to do our best to serve everyone, regardless of educational abilities or needs. Life Skills Program as part of Momentum Ministries at Kelowna's Gospel Mission are taught using many different styles of instruction and require the ability to read and complete written work. We would like to know about any additional support you may need in order to be able to fully participate in our programs.



HOUSING SERVICES
MOMENTUM MINISTRIES

Do you require any assistance in being able to read or complete written work? YES NO

If yes, what do you require?

Have you ever been diagnosed with a learning or developmental disability? YES NO

If yes, please describe:

SUBSTANCE USE HISTORY

Please state your substance(s) of choice and describe their use below:

Substance of Choice	How much do you normally use at one time?	How often do you use this substance?	How do you use this substance? (smoke, inject, etc.)	How long has this substance use been a problem from you?	Date of Last Use

Please note that the Momentum Ministries Life Skills program is a sober program thus requires at least 14 days of sobriety prior to intake.



HOUSING SERVICES MOMENTUM MINISTRIES

MEDICAL HISTORY/HEALTH CONCERNS

Do you have any special needs or problems that we need to be aware of? (E.g., reading and writing English, wheelchair accessibility, hearing or vision difficulties, problems with stairs and long corridors)

No Yes, please specify

Do you have any physical concerns that may affect your completion of the program?

No Yes, please specify

Do you have any allergies? (Medications, foods, environmental)

No Yes, please specify

Are you seeing a doctor regularly for any reason, including just refilling medication?

No Yes, please specify

Do you have a Physician or Family Doctor?

No Yes, please specify (name, contact number)

When were you last assessed by a physician/doctor?

Date: _____

Where:

Are you presently on medication prescribed by a doctor?

No Yes, please list

When was the last time you discussed your medications with a doctor?

Date: _____



HOUSING SERVICES MOMENTUM MINISTRIES

Are you taking over the counter medication?

No Yes, please list

Do you have any medical concerns that require ongoing monitoring?

No Yes, please specify

Do you have any medical concerns that you feel need to be addressed within the next 3 months?

No Yes, please specify

Have you ever experienced mental health concerns? (E.g., panic attacks, hallucinations/delusions, uncontrollable rage, mood swings, mental illness, etc.)

No Yes, please specify

Do you have a Psychiatrist?

No Yes, please specify (name, contact number)

Do you have a Psychologist?

No Yes, please specify (name, contact number)

Describe in detail how the above problems affected you or others both in the past and currently

Have you had any thoughts of suicide or self-harm?

No Yes, please describe in detail



HOUSING SERVICES
MOMENTUM MINISTRIES

Do you have trouble controlling violent behavior?

No Yes, please specify (when):

COURT/LEGAL

Please note that a history of violent offences does not necessarily exclude you from participating in programming. However, we do want to gather some information in order to best serve you. Staff may also request information pertaining to criminal charges if necessary.

Are you currently involved in the legal system? YES NO

Do you have charges pending? YES NO

If yes, please state your pending charges:

Are you (or will you be) on probation or parole? YES NO

Do you have Probation or Parole Officer? YES NO

If yes, please provide their name and contact information:

Do you have a lawyer? YES NO

If yes, please provide their name and contact information:

Is it mandatory for you to be in a Life Skills program? YES NO

Have you ever been convicted of a violent offence? YES NO

If yes, please state the nature of the offence(s):

Are you currently incarcerated in a

Remand Provincial or Federal Institution? No



HOUSING SERVICES MOMENTUM MINISTRIES

Is there anything else you feel we should know? Why do you feel you would be a good candidate for the Momentum Ministries Life Skills Program?

COMMUNAL LIVING

Please be aware that the Momentum Ministries-Life Skills Program is located on the 2nd floor of The Leon Shelter. Residents may be provided with shared accommodations ,all other areas are also communal e.g., shared washrooms

Are you comfortable living in a communal living setting? YES NO

Have you ever had problems with communal living? YES NO

If Yes, please Describe:

Carefully Read the Following

- I understand in order to be admitted to the Momentum Ministries Life Skills Program I **must** remain alcohol and drug free for at least 14 days prior to my admission date, and be well enough to participate in the program. If I arrive under the influence of alcohol or other drugs, or in withdrawal requiring clinical intervention, I will be referred to an appropriate detoxification setting before admission
- I understand The Momentum Ministries Life Skills Program is not responsible for my transportation or any other personal costs I may incur (e.g., approved medications) while I am attending Life Skills programming. I will bring and give to staff all medications I am taking.
- I understand and agree to accept and attend all components of the Life Skills program as prescribed by Kelowna’s Gospel Mission- Momentum Ministries, including all workshops, lectures, leisure, one and one caseworker/goal setting sessions.
- I understand and agree that Momentum is a 90 day maximum stay unless discharged within the 90 days



HOUSING SERVICES
MOMENTUM MINISTRIES

I hereby state the information contained herein is true and to the best of my knowledge. I agree to abide by any and all rules of the program upon my admission to the program. In the event of any changes in the information contained herein, I will notify my caseworker.

Signature

Date

STAFF COMMENTS/OBSERVATION

Multiple horizontal lines for staff comments/observations.

FOR INTERVIEW: YES DATE: _____
 NO

COMPLETED BY: _____ DATE: _____

Please send all completed referrals to cstewart@kelownagospelmission.ca