



785 PARK STREET S.
PETERBOROUGH, ON, K9J 3T6
OFFICE: 705-486-5578

Dear Applicant,

Thank you for your interest in the Rising Above Program. To help you move forward in your future and make an informed decision, here is some more information about what we offer and an Admission Request Form.

What We Offer

Rising Above is committed to helping people break their cycles of defeat by providing **HELPS.**

H: Housing

We offer clean and sober living for men and women. Rent is \$500 per month; the Damage Deposit is \$350 (one-time fee); and the Program Supplies Fee is \$100 (one-time fee). If you desire to live in our facilities, you will be expected to refrain from all use of drugs and alcohol, maintain curfews and follow all other residency rules. To be eligible for this support you must also be accessing employment readiness training, life-skill classes, and emotional development services. You will also be asked not to work more than 24 hours a week, as it will require approximately 30 hours each week to complete the program requirements.

E: Employment Readiness Training

Rising Above recognizes the importance of maintaining long-term employment for future growth and self-sufficiency. We offer on-the-job training.

L: Life-Skill Classes

Rising Above offers life-skill classes in topics ranging from anger management, healthy relationships, job readiness, depression, anxiety and worry, leadership development, the basics of addiction, the emotions of money, respect and many more. Life-skill classes take place every Tuesday, Wednesday, and Thursday morning.

P: Personal Development

Rising Above offers one-on-one meetings (e.g. Inner Healing) that focus on working through one's emotions as the means to bring personal development. It is our emotions and their control over us that keeps us in bondage.

S: Spiritual Mentorship

Rising Above is a Christian based program. We offer spiritual support for those seeking it, yet in no way require anyone in the program to have the same spiritual beliefs. One support offered is the weekly Connections group, which explores one's connection to God.



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ADMISSION REQUEST FORM

Date: _____ Legal Name: _____

Date of Birth: _____ / _____ Active Phone Number: _____
MM/DD/YYYY Age

City: _____ Email: _____

Ontario Health Card #: _____ Male or Female (circle one)

Hair Colour: _____ Eye Colour: _____ Height: _____

Do you struggle with addictions? Yes or No

If yes, how much clean time do you have with each substance or behaviour that you use?

NOTE: NO ACCEPTANCE FOR CLIENTS WHO ARE CURRENTLY USING METHADONE OR SUBOXONE

Why are you interested in being a part of the Rising Above Program?

What barriers/struggles are you experiencing in your life?

What would you like to change in your life?

Where were you born? Raised?	
What is your ethnic background?	
Where are you currently housed? <input type="checkbox"/> The Street (city) _____ <input type="checkbox"/> Shelter (which one) _____ <input type="checkbox"/> With Family or Friends <input type="checkbox"/> Rent a (n) _____ <input type="checkbox"/> Own a (n) _____ <input type="checkbox"/> Incarcerated (where) _____ <input type="checkbox"/> Other _____	Are you currently in good standing with your housing? (<i>any unpaid rent, difficulties with landlord or roommates, in jeopardy of losing housing?</i>) Have you ever been evicted from a residence? Yes or No. Explain: _____ _____ _____

Do you have a history of addictions? If yes, please check all that apply and state length of time using. <input type="checkbox"/> Alcohol: Since when? _____ <input type="checkbox"/> Ecstasy: Since when? _____ <input type="checkbox"/> Gambling: Since when? _____ <input type="checkbox"/> Marijuana: Since when? _____ <input type="checkbox"/> Fentanyl: Since when? _____ <input type="checkbox"/> Nicotine: Since when? _____	<input type="checkbox"/> Crack/cocaine: Since when? _____ <input type="checkbox"/> Heroin: Since when? _____ <input type="checkbox"/> Meth: Since when? _____ <input type="checkbox"/> Prescriptions: Since when? _____ <input type="checkbox"/> Food: Since when? _____ <input type="checkbox"/> GHB <input type="checkbox"/> Porn <input type="checkbox"/> Sex <input type="checkbox"/> Technology
How much clean time do you have from ALL substances?	
Which addictions do you feel have the most influence / control over you? Explain:	

FINANCES:

List your primary source(s) of income and amount received per month. Check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> Employment _____ | <input type="checkbox"/> Social Services _____ |
| <input type="checkbox"/> ODSP _____ | <input type="checkbox"/> Pension (CPP, OAP, Private) _____ |
| <input type="checkbox"/> Family or Friend _____ | <input type="checkbox"/> No Income |
| <input type="checkbox"/> EI _____ | <input type="checkbox"/> Other _____ |

Do you have any outstanding debts? If yes, please list the debt(s), amount outstanding, and monthly payments.

What we offer as part of our 6-month program:

- Residence (male & female separately)
- Employment Readiness Training
- Life Skill Classes
- Personal Development
- Spiritual Mentorship
- Inner Healing (Dealing with unresolved emotional pain)

How do you feel that these services we offer will help you?

FAMILY/SOCIAL NETWORK

What is the current status of your family?

CHILDREN ____ Yes ____ No If yes, complete box below.

Male/Female	Name	Date of Birth	Lives with.....?

Is child protection currently involved with the family? Yes or No (circle one)

Describe any current custody issues:

MENTAL HEALTH STATUS & COGNITIVE CONCERNS

List all mental health diagnoses:

Do you have a history of suicide attempts? Yes or No (circle one)

Are you currently thinking about committing suicide? Yes or No (circle one)

Do you have a history of self-harm? Yes or No (circle one) If yes, explain.

Are you willing to accept medical help while attending our 6-month program? Yes or No

If you answer no to the above question, we will not continue to process this application.

LEGAL HISTORY

Are you currently under legal supervision? Yes or No (circle one) If yes, please provide or list current known conditions of parole/probation.

Are you currently facing criminal charges? Yes or No (circle one) If yes please provide details of criminal charges and court dates.

Have you ever been convicted of criminal activity? Yes or No (circle one) If yes please explain.

Do you have a history of verbal or physical aggression toward others? Yes or No (circle one) If yes please explain.

Do you have a history of weapon use? Yes or No (circle one) If yes, please describe.

Are you currently taking medication? Yes or No (circle one) If yes, please list all medications.

RESIDENTIAL FEES

- By checking this box, you understand the following fees are associated with our program.
- \$500.00 Rent per month (*adjusted if mid-month, to be paid upon entry*)
 - \$350.00 Damage Deposit (*to be paid upon entry*)
 - \$100.00 Program Supplies Fee (*one-time fee, to be paid upon entry*)
 - Participants buy their own groceries and make their own meals.

CLEAN TIME REQUIREMENT

- By checking this box, you understand there is a mandatory requirement of 7-days clean from all drugs and alcohol. This includes all marijuana related products. Rising Above tests each individual before they are admitted. If you fail a drug or breathalyzer test, you will be denied entry into the program.

FAILED TEST RISK ACKNOWLEDGEMENT

- By checking this box, I, the applicant, understand that if I fail my drug or breathalyzer test during admission, I will not be allowed into the program and accept all risks associated with the failed test. These risks may include difficulty finding transportation and accommodation, as well as potentially experiencing food insecurity.

CONSENT FOR RELEASE OF INFORMATION TO RISING ABOVE

I, _____, of _____
Printed Name of Applicant *Town/City, Province*

agree to release the information contained in the Rising Above Application. I understand that persons, professionals, agencies or institutions named in this application may be contacted for additional information or documentation. This information will be used to determine if Rising Above is a suitable service for me and will assist in program planning if I am accepted to the Program. I further understand that my personal information may be disclosed to any employee, agent or contractor of the Rising Above Program, to verify my eligibility or my continuing eligibility for the Program or to monitor, assess and evaluate the results of the benefits and support programs in the Rising Above Program. I am 18 years of age or older. I understand that incomplete applications will not be considered.

Applicant Signature: _____ Date: _____

Name of Witness (please print): _____

Witness Signature: _____