

MISSION

Community Services Society

Rivendell - Second Stage Housing

What is Rivendell?

- Rivendell is Second-Stage Housing for men and women who want supports while they transition into permanent housing.

Rivendell's Medication Policy

- As transitional housing/recovery housing, Rivendell requires that resident receive their medications in blister packs, so please mention **Weekly dispense** on prescription.

In order to provide a safe environment at Rivendell, the cooperation of physicians and residents is greatly appreciated.

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PLEASE SEND THE COMPLETED PACKAGE, BOTH BC HOUSING REGISTRY

**AND REFERRAL PACKAGE TO:
FAX: 604-826-4536**

Or drop off to the above address.

The information contained in this transmission is privileged and/or confidential and is intended for the use of the individual or entity named above. If you have received this message in error, please notify me immediately and destroy this message. You are hereby notified that any dissemination, distribution or communication of this message is strictly prohibited.

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SECOND STAGE HOUSING AT 7755 GRAND STREET REFERRAL CRITERIA AND PROCESS

Second Stage Housing provides supportive housing to individuals who are homeless or at risk of homelessness.

Referrals will be accepted from Fraser Health Mental Health and Addiction programs, Mission Community Services, Burnaby Centre for Mental Health and Addiction, BC Housing, Local Community Agencies, and/or the local community Emergency Shelters.

The referral process is as follows:

1. The referral agent completes the Second Stage Housing Referral. The applicant completes the Housing Registry Application Form. The applicant must sign the Application Form Declaration (page 10) in order for the application to be processed.

(NOTE: It is not necessary for the referring program to complete the Supplemental Application Form).

2. The referring agent sends both completed documents – the Second Stage Housing Referral and the Housing Registry Application Form - to Rivendell Second Stage in person or fax.

The fax number is:(604)-826-4536

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SELECTION CRITERIA

1. Be willing to work with Mission Community Services to develop and actively participate in a personalized service plan;
2. Be able to live cooperatively in a supported housing environment in the community;
3. If eligible for and deemed necessary, have a designated Case Manager from Fraser Health Mental Health and Addictions programs and be actively engaged with their Psychosocial Rehabilitation Plan;
4. Be willing to access support services, as required;
5. Be actively engaged in taking medication(s) as prescribed.
6. Be cognitively capable of making decisions regarding their own care relevant to the specific task;
7. Be able to use the building emergency response system and take direction in an emergency situation
8. Be in receipt of a verifiable source of income and have a total gross household income which is equal to or less than an annually determined maximum (Housing Income Limits).

EXCLUSION CRITERIA

Should an individual meet all of the above criteria, he or she may be refused as a tenant based on the following criteria:

1. Ongoing history of inconsistent, and/or non-engagement with a designated treatment team in the community.
2. Ongoing history of inconsistent, and/or non-adherence with medications prescribed by their physician.
3. Recent history of suicidal behavior and unwilling to commit to a safety plan.
4. Violent, aggressive; or socially inappropriate behavior with no evidence of response to treatment interventions.
5. Recent history (within the past 12 months) of fire setting, sexually inappropriate behavior and/or severe hoarding behavior.
6. Recent history (within the past 12 months) of frequent problematic involvement with the police/criminal justice system;
7. Current problematic use of alcohol and / or drugs
8. Legal hindrances to being housed in BC Housing units (e.g. outstanding debt to social housing providers, restraining orders, etc.).

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APPLICANT'S PHONE NUMBER: _____

CLIENT INFORMATION:

Last Name: _____ First Name: _____

Middle Name: _____

DOB: _____ SIN: _____ Gender: _____

Last Known Address: _____

Contact Information: Name: _____ Phone #: _____

Have they stayed in a shelter before Yes No

If yes, when and where

How long have they been without a permanent address?: _____

HEALTH

Medical Exam: Y N Date of Last Exam: _____ Name of Physician _____

Medical Condition(s) diabetes hypertension heart neurological sleepwalking

Other (Be specific): _____

Name of Medication	Reason For Medication	Dosage	Dose Frequency

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Previous Medications: _____

Reason: _____

Allergies: _____

Mental Health: have they ever been diagnosed? Y N

Diagnosis: _____

Are they able to self administer medications as prescribed Y N

Currently involved with Counseling: Y N

Stays in Mental Health Facility or Hospital for Mental Health Reasons:

Date: _____ Facility Name: _____

Assessments: Y N Date: _____ Reason: _____

Please attach copies of assessments and/or discharge summaries

Cognitive Ability: e.g. able to follow emergency instructions: Y N

Are they cognitively capable of making decisions regarding their own care Y N

Are they currently on extended leave Y N Expiration Date: _____

Hospital person released from: _____; Date of Release: _____

Substance Use:

Ever Been Hospitalized for Substance abuse/misuse:

When _____ Where _____

Have they ever been to: Detox Y N; Recovery Y N; Treatment Y N; AA/NA Y N

When: _____ Where _____

When do they use substances? Pattern/Triggers

How will they handle your triggers differently:

Ongoing problematic use of alcohol and/or drugs Y N

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History of Substance Use(s): Please include all Prescription, Over the Counter, Illegal, and Alcohol			
Name of Drug	Dosage/Method	Length of Use	Last Use

History of Behaviors Please check and explain all that apply:				
BEHAVIORS	NO	PAST 6 MONTHS	PAST 6-12	PAST 12-18
Suicidal				
Violence				
Aggression				
Fire-Setting				
Socially Inappropriate				
Sexually Inappropriate				
Severe Hoarding				
Do they Smoke				

History of Abuse for Survivor _____

History of significant problematic involvement with the police/criminal justice system		
Past 6 months	Past 6-12 months	Past 12-18 months

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Outstanding warrants, charges, probation, restraining orders for or against Y N

Name of person: _____ Reason: _____

Is there any reason that you may not be allowed around women & anyone under the age of 19: Y N

Supports

Been involved in any type of rehabilitation programs? Y N Type: _____

Are they willing to work with Mission Community Services to develop and actively participate in a personalized service plan? Y N

Are they willing to access support/referral and engage in **mandatory** participation in groups?

Y N

Who is part of their current support Network: _____

Do they have a desire to set goals and work through the process to achieve them? Y N

Employment/Education History and Current: _____

Financial: (Source of Income) _____

Special Considerations

Are there any dietary restrictions: e.g. vegetarian, allergies Y N

Identify: _____

Are there any special factors that could affect their participation (ethnicity, cultural, religious, etc)

Y N Please identify:

Disabilities: Type? _____ Daily requirement: _____

Are there any daily activities they need help with or anything we should know that would affect their participation? Y N

Is the client capable of living in a communal environment? Y N

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Reason for homelessness:

Goals to Achieve while living in residence:

Referral Agency

Name of Agency: _____ Phone #: _____

How long has referral source been working with this resident?

Case Manager's name:

Phone Number: _____ Fax #: _____

Email: _____

Address: _____

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RIVENDELL SECOND STAGE HOUSING CONSENT to Share information

(Name of Applicant - Print in Full) _____

I, _____, SIN No. _____ DOB _____

do hereby authorize the following to permit Staff of M.C.S.S. Rivendell 2nd stage housing to examine receive, or share information from the records of the following individuals and or/agencies for a minimum of two years.

All Doctors and Clinics who are part of my Care
All Hospitals and Fraser Health Authority
Any treatment centers past or future
Community Legal Advocacy Society
Fraser Health Mental Health Services
Fraser House
Lawyers and Legal Professionals
Ministry of Children and Families
Probation and/or Parole
The Ministry of Social Development
Work Safe BC
Women's resource society
Transition House

This consent refers only to the following information (be specific): **Continuity of Care**

I consent to the use of this information by the authorized recipients only for the purpose of:

Continuity of Care

I hereby release M.C.S.S., authorized to release/receive information as named above, its employees and agents, from any and all claims whatsoever which may arise as a result of the release of the above information.

I am nineteen years of age, or the Parent or legal Guardian of the above-mentioned name.

DATED this the _____ day of _____, 20 _____

Client Signature: _____ STAFF: _____

NOTE: This authorization must be signed in original by client/guardian, and is valid within 12 months (1 year) of the request being submitted to M.C.S.S. If authorization is given other than by the client, proof of guardianship or appointment as the representative must be given. Client may revoke consent by written submission at any time.

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Mission Community Services Society Second Stage Guidelines

Please read through these guidelines and initial beside each one that you understand and agree. These guidelines are in place to protect and not to restrict. Rivendell is set up to encourage people to be as responsible and self-sufficient as possible, and as such there are certain expectations made of us all. Being a responsible adult encompasses many areas and includes compliance with the Program Guidelines

	Zero tolerance for drugs (which includes alcohol), drug paraphernalia
	All prescription and non-prescription drugs must be accompanied by permission from your physician. It is not permissible to share your medications with others.
	Mission Community Services Society is not responsible for your personal belongings, so we suggest you obtain renter's insurance.
	For your safety all prescription will be handled through our Pharmacy, Silvermere and be turned in at intake to the staff for safe keeping until Silvermere has packaged them.
	You are responsible for maintaining your living quarters. You are expected to clean and keep your room tidy on a daily basis.
	You are responsible for providing all of your own dishes, utensils and cooking supplies for use in the common kitchen. They must be washed and returned to your room/ cupboard daily.
	You are responsible for cleaning up after yourself once you have completed making your meals and snacks.
	Volumes of music and television within your room must be kept to a level that does not disturb your neighbor. You will be required to use headphones if you use electronics after 10:00 PM
	Door FOBs are for your room only. You must not give your FOB to anyone including other residents
	Borrowing and lending money is discouraged amongst the residents
	Respect the privacy of others
	Residents must assist in contributing to a healthy, safe community
	It is a recommended that you attend the groups designed to help you achieve your goals These groups begin at 11:00 AM and 7:00 PM every day
	No Sleeping in the common areas
	Resident meetings will be held every second Sunday of the month. This is a platform for you to talk about common issues regarding the programming.
	Smoking is not permitted in your room or any other spot in the building. There is a designated smoking areas
	As a communal living environment we ask that residents share in the cleaning of common areas

Any other guidelines will be set out in your personal Agreement.

In order to promote the safety, welfare, enjoyment, and comfort of other occupants of the Residential Property there is **zero tolerance** for any type of abuse: emotional, physical, verbal, spiritual, mental, gender, or sexual orientation. There will be no harassment of any other occupant, staff, neighbors or passer-bys.

Signature of Resident

Date

Helping People | Changing Lives | Building Community

www.missioncommunityservices.com