John Howard

PROTECTED B

ATD CCMS PROGRAM ENROLMENT FORM

NOTE: **<<delete this note on completed forms>>** This document is filled out once the client is released and accepted into the program. The form gathers more information on the client and has a section where they sign a consent of release of information. The consent allows JHS Caseworker to speak freely with community program providers in order to track the client's programming in the community as well as give a detailed updates to CBSA on the client's progress in the CCMS program. If there is a program that is not on the list I usually have the client sign a separate consent of release of information.
*This form was adapted from the Edmonton John Howard Society ATD CCMS Enrolment Booklet.

Name:	**SIN:** ☐Yes ☐ No **Number:** ________________
Referring CLO:	**Referring Detention Facility:**
Program Enrolment Date:	**Level of Intervention:** **In-person/Telephone check-ins required:**

OFFENCE AND INCARCERATION HISTORY	
Did you incur any institutional charges for violent behaviour during your recent incarceration? ☐ Yes ☐ No **Details:** ________________	
Did your offence attract media attention? ☐ Yes ☐ No **Details:** ________________	
Is your offence related to a drug or alcohol problem? ☐ Yes ☐ No **Drugs** (list): ________________	**Alcohol?** ________________
Details: ________________	
ATD PLAN	
What are your plans for the ATD program in conjunction with your release conditions? ________________ ________________ ________________ ________________ ________________	

WORK HISTORY (Note: please include number of years at each job.)
JOB 1: From YYYY-MM-DD to YYYY-MM-DD – Employer Name – Location – Job Title
JOB 2: From YYYY-MM-DD to YYYY-MM-DD – Employer Name – Location – Job Title
JOB 3: From YYYY-MM-DD to YYYY-MM-DD – Employer Name – Location – Job Title
JOB 4: From YYYY-MM-DD to YYYY-MM-DD – Employer Name – Location – Job Title

EDUCATION
Highest grade completed in the community: *(please circle)* 3 4 5 6 7 8 9 10 11 12 Post-secondary **Upgrading completed:** *(provide details if applicable)* ________________ ________________

VEHICLE			
Do you own any vehicles? ☐ Yes ☐ No			
Make:	**Model:**	**Year:**	**Licence #:**
Make:	**Model:**	**Year:**	**Licence #:**

FINANCIAL ACCOUNTABILITY
I agree to disclose financial statements and verification to staff. **Client's signature:** ________________ **Date:** ________________ **How much money do you have?** ________________

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CLIENT MEDICAL HISTORY

Name:
Date of Birth: (Year/Month/Day)

Emergency Contact Information
Emergency Contact:
Relationship:
Address and Phone Number:

Physician and Coverage Information	
Family Physician: ☐ Yes ☐ No **If so, who** :	**Psychiatrist/Psychologist:** ☐ Yes ☐ No **If so, who** :
Medical Coverage: ☐ Alberta Health Care # ____________________ ☐ Treaty #_________________	 ☐ Blue Cross ________________ ☐ Other : _____________________

Allergies
Medication Allergies: ☐ Yes ☐ No If so, what? __________________________ **Other Allergies:** ☐ Yes ☐ No If so, what? ____

Medication History
Are you currently on any prescribed medication(s)? : ☐ Yes ☐ No If so, what? ____ **Were you on any prescribed medication(s) in the past?** ☐ Yes ☐ No If so, what? ____

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CLIENT MEDICAL HISTORY (continued)

General Health Concerns

☐ AIDS/HIV	☐ Heart Disease
☐ Asthma/ Lung problems	☐ Hearing problems
☐ Bipolar Disorder	☐ High Blood Pressure
☐ Bone/Joint Pain	☐ High Cholesterol
☐ Cancer	☐ Kidney Disease
☐ Depression	☐ Liver Disease
☐ Diabetes Type 1 or Type 2	☐ Tuberculosis
☐ Hepatitis A	☐ Schizophrenia
☐ Hepatitis B	☐ Seizures
☐ Hepatitis C	☐ Suicidal Ideation
☐ Hepatitis D	☐ Vision problems
☐ Hepatitis E	☐ Other: ____________________

Mental Assessment

☐ Anxiety	☐ Migraines/ Headaches
☐ Confusion	☐ Racing Thoughts
☐ Delusions	☐ Rapidly Changing Mood
☐ Depressed Mood	☐ Trouble Concentrating
☐ Hallucinations	☐ Trouble Sleeping
☐ Memory Problems	☐ Other: ______________________

Tobacco/ Alcohol Use/Marijuana

Are you currently using tobacco/marijuana? ☐ Yes ☐ No
If so, for how long have you been using Tobacco/marijuana (years)? __________________________

If no, did you ever use tobacco in the past? ☐ Yes ☐ No
If so, for how long did you use Tobacco? _________________________________

Do you struggle with alcohol abuse? ☐ Yes ☐ No
If so, for how long? ____

Illegal Drug Use

Have you used any illegal substances in the Institution prior to your release? ☐ Yes ☐ No
If so, which ones? ____

Do you struggle with substance abuse? ☐ Yes ☐ No
If so, which ones?

☐ Cocaine	☐ Opium
☐ Crack	☐ Inhalants
☐ Heroin	☐ MDMA (Ecstasy etc.)
☐ Methamphetamines	☐ LSD
☐ Amphetamines	☐ Prescription Pills
	☐ Other: ____________________