



Monarch Men's Programs and Services Referral Information 2020

**It is important that applicants sign the enclosed 'Release of Information',
if you require updates or a discharge summary. Thank you.**

Monarch Recovery Services

Men's Assessment & Referral

Tel: 705-674-4193 x 3224 or 1-877-431-6713 x 3224

Fax: 705-671-8069

Level 1 Supportive Housing

402 Brady Street
Sudbury, ON P3B 2P6



Monarch's Recovery Home

welcomes individuals 16 years and older, with a substance use problem, who demonstrate a commitment to change their lifestyle. The participant and staff design a service plan specific to his needs. Every applicant must be committed to maintaining his sobriety through work, education, volunteering, re-training and recreational activities. Residents are supported while adjusting to his new lifestyle. All residents will participate in household maintenance, chores, group activities and volunteering opportunities. The length of stay is up to six months.

Eligibility Criteria:

1. Individuals 16 and older, who has been detoxified from substances for at least 72 hours
2. Must demonstrate a commitment to recovery
3. Homeless/unsafe living environment

Level II Supportive Housing

396 Brady, Sudbury, ON P3B 2P6

Monarch's Transition Home

was established to provide accommodations in conjunction with a program of rehabilitative services, to support residents in recovery, with the main goal of abstinence. This residence offers an affordable, cooperative and empowering environment for residents to transition to independent living. After completing a Recovery Home Program, the Transition Home provides individuals 18+ with 6 months of residential recovery support.

Eligibility Criteria:

1. Must have successfully completed the program at the Monarch Men's Recovery Home (or its equivalent) and have received a recommendation from their counselling team
2. Must be abstinent from alcohol & other drugs, with the exception of approved medications
3. Must demonstrate a commitment to recovery and be in the "Maintenance" phase of Stages of Change
4. Must work, volunteer or attend school and have a source of income, as geared to income rent is required
5. Must complete the application process and sign a contract agreement

Day Treatment

3-17 Frood Rd., Box 4
Sudbury, ON P3C 4Y9



Monarch's Day Treatment

offers a 5-week intensive day treatment program to individuals 16 years and older, who want to address their substance use issues and learn effective coping strategies to be successful in their recovery.

Hours are from 10 am to 3 pm Monday to Friday, and lunch is provided

Participants work with an assigned Primary Counsellor, attend group sessions, and are provided with information and education relating to substance use and life issues.

This includes Cognitive-Behavioural Therapy, Motivational Enhancement, Refusal Skills and Relapse Prevention.

Eligibility Criteria:

1. Individuals 16 years & older
2. Must meet current Monarch and Provincial assessment requirements

For more information, an assessment, tour or interview for the above programs call **705-674-4193 Ext 3224.**

MONARCH Men's Aftercare Group 705-674-4193 x 3246

Eligibility Criteria

1. Individuals over 16 years of age – Call the above number for information on accessing this program.
2. The completion of a recovery program and a desire to maintain sobriety with at least 72 hours of sobriety
3. Registered with Monarch Recovery Services – a completed application form

Meetings are Wednesday from 6:30p.m. to 8:30p.m. at 402 Brady Street

MEN'S RECOVERY HOME

What to Bring	What NOT to Bring
<p>Identification Driver's license, passport or other government-issued photo identification and proof of income. If you do not have a valid/unexpired photo ID please bring a copy of a birth certificate or social security card.</p>	<p>Valuables Monarch Recovery Service is not responsible for money and other personal property that are lost, stolen or damaged. Residents are advised not to bring large sums of money or other items of value.</p>
<p>Medications Please bring all prescribed & authorized medications in a bag that is easily accessible at the time of admission. Your medications will be stored for you until discharge and new medications will be ordered. Authorized medications will be distributed through our contracted pharmacy. Payment of medications is your responsibility. All outdated medications will be discarded.</p>	<p>Drugs and/or Alcohol The possession, trafficking and/or use of alcohol and drugs is strictly prohibited and will not be tolerated.</p> <p>Weapons Are not permitted.</p>
<p>Luggage Please limit yourself to one large suitcase and one bag of clothing. ALL NON-ESSENTIAL AND OVER LIMIT ITEMS WILL NOT BE STORED.</p>	<p>Scents Colognes, perfumes and other scented items are prohibited and will be discarded. WE ARE A SCENT FREE AGENCY!</p>
<p>Clothing Casual/comfortable clothing that can be layered, sleepwear, slippers, shoes for everyday use, workout attire for exercise, hiking shoes, a warm jacket and winter boots may be essential on many of our activities.</p>	<p>Offensive Clothing Clothing items containing alcohol and/or drug related symbols or slogans or items otherwise containing offensive or derogatory symbols or slogans are strictly prohibited and must be left at home.</p>
<p>Toiletries You should pack items as shampoo, conditioner, toothpaste, hair gel, body wash and soap. All toiletries must be alcohol free, scent free and non-aerosol.</p>	<p>Items with Alcohol Items that contain alcohol such as aftershave lotion, perfume and mouthwash are restricted.</p>
<p>Electronics Cell phones, iPod and other music devices. These are in locked in cabinet until scheduled time.</p>	<p>Vehicles Are not permitted.</p>
<p>Contact Information A list including phone numbers and addresses of family, doctors, psychiatrists, counsellors, attorneys, and anyone else you would like to have contact with.</p>	<p>Outside Food & Beverages cannot be brought into the home and will be discarded.</p>
	<p>Vapes / E-Cigarettes Are not permitted.</p>



Men's Residential Sites Application Checklist

Monarch Recovery Services Men's Site services are available to fully detoxified individuals who are homeless, or at risk in their current environment.

With your completed application have you enclosed?

- GAIN Q3MI ASSESSMENT Faxed Posted on IAR
- If on psychoactive medications, a letter from your prescribing Physician verifying your diagnosis and current medical/psychiatric condition
 - A copy of Bail, Probation or Parole, if applicable
 - A signed consent to share information
 - TB Test Form, if completed

To apply for residency at Monarch Recovery Services;

The individual must have been assessed as needing Level One Supportive Services according to the Provincial Guidelines and as in the GAIN Q3MI assessment.

We do our best to respond to your application within 24 business hours of submission.

**Assessment Coordinator 705-675-1179 Ext. 3224
or 1-877-431-6713 x 3224**

Office Hours: 8:30 a.m. to 4:30 p.m. Monday to Friday.

Applications may be faxed to 705-671-8069

E –mail info.men@srmonarchrs.ca

Please visit our website at <http://www.monarchrecoveryservices.ca> for more information.

Men's Day Treatment Program

FAQ

(For more information, please download the online Men's Day Treatment Referral Package.)

I am interested and want to get into the program, how do I do that?

- Call and schedule an intake with our Assessment coordinator at 705-674-4193 ext. 3224.

I have a start date for treatment, what do I need to know for my first day?

- Treatment runs in 5- week cycles. If you miss the first week, you will need to reapply for another cycle. Our Connections counsellor is there to provide support to you while you wait. You can reach the Connections counsellor at 705-674-4193 ext. 4024.
- Doors open and programming starts at 10:00 a.m. and ends at 3:00 p.m., Monday to Friday – closed on statutory holidays.
- Lunch is provided.
- You will have a primary counsellor with whom you can connect with for one-on-one discussions.
- You will be participating in group sessions in the afternoons.
- You will hear from agencies that can help you in your recovery.
- You will hear from people who are in recovery and be inspired by their personal experience.
- You will be asked to check in and check out with the group each day.

Is there anything I can't do when attending this treatment program?

- You are asked to attend each day of the week. If you have appointments set, you will need to speak with your primary counsellor in advance.
- You are asked to be mindful of the clothing you wear. Please don't wear shirts with logos that promote substance use such as beer labels. This can trigger people.
- You can't come to treatment while under the influence – if this happens, your counsellor will speak with you. This Treatment Program is a harm reduction approach, so your counsellor will discuss if this program is a fit.

I have completed this treatment program, now what?

- You can get the support of the Connections counsellor for up to 6 months after completion of the program.
- Your Connections counsellor can help you with referrals and anything else needed to get to the goal(s) you have set.
- You can attend the weekly Aftercare Program, Wednesday nights at 6:30 p.m., at the Recovery Home located at 402 Brady Street.

Monarch Men's Application Form



Applicant's Information

First Name:		Middle Name:		Alias:	
Last Name:			Last Name at Birth:		
Health Card #:			SIN #:		
D.O.B: dd ____ mm ____ yyyy _____			Age:		
Street Address:					
City:		Province:	Postal Code:		Country:
Cell Phone:		Ok to Call? ___YES ___NO		Ok to Leave Message? ___YES___NO	
Home Phone:		Ok to Call? ___YES ___NO		Ok to Leave Message? ___YES___NO	
Other Phone:		Ok to Call? ___YES ___NO		Ok to Leave Message? ___YES___NO	
Current Location (if different from above):					
Phone:		Ok to Call? ___YES ___NO		Ok to Leave Message? ___YES___NO	
Emergency Contact:			Relationship:		
Phone:		Ok to Call? ___YES ___NO		Ok to Leave Message? ___YES___NO	
Cell Phone:		Ok to Call? ___YES ___NO		Ok to Leave Message? ___YES___NO	
Preferred Language:			Ethnicity:		
REFERRAL INFORMATION					
Referred On: dd __mm ____yyyy _____			Referring Source:		
Referring Agency:			Contact Person:		
Agency Tel.:			Agency Fax:		
Previous Treatment? ___YES ___NO			If YES, when and where, and did you complete?		
Previous Recovery Home? ___YES ___NO			If YES, when and where, and did you complete?		

Monarch Men's Application Form

SUBSTANCE USE		
Presenting Problem Substances (drugs of choice)	Substances used in the past 12 months	
1. Did not use; 2. 1-3 times monthly; 3. 1-2 times weekly; 4. 3-6 times weekly; 5. Daily; 6. Binge		
1 -	Frequency in last month:	
2 -	Frequency in last month:	
3 -	Frequency in last month:	
4 -	Frequency in last month:	
5 -	Frequency in last month:	Gambling <input type="checkbox"/> YES <input type="checkbox"/> NO
Last date of substance used: dd <input type="text"/> mm <input type="text"/> yyyy <input type="text"/>		Substance:
Are you currently on Methadone? <input type="checkbox"/> YES <input type="checkbox"/> NO Suboxone? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Dosage:		Prescribing Physician:
HEALTH SCREENING		
Are there medical issues that may require referral to emergency/hospital for immediate medical assessment? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, what? _____		
Are you currently in any type of treatment or counselling for emotional or mental health problems? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Have you had thoughts of harming yourself or others? YES <input type="checkbox"/> NO <input type="checkbox"/>		
If yes, when? _____		
Special Needs: Visual? <input type="checkbox"/> YES <input type="checkbox"/> NO Hearing? <input type="checkbox"/> YES <input type="checkbox"/> NO Mobility? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Non-Medical Injection use: <input type="checkbox"/> Never <input type="checkbox"/> Prior to 1 year <input type="checkbox"/> Past 12 months		
Number of overnight Hospitalizations in the last 12 months for medical issues? _____		
Reason for last overnight Hospitalization: _____		
Hospitalized for a Mental Health issues by a qualified Mental Health Professional? Within the last 12 months? <input type="checkbox"/> YES <input type="checkbox"/> NO _____		
Within lifetime? <input type="checkbox"/> YES <input type="checkbox"/> NO _____		
Most Recent Diagnosis: #1 _____ #2 _____		

Received treatment for a Mental Health, emotional, behavioural or psychological issues from a community Mental Health program professional? Currently: __YES__NO

Within last 12 months: __YES__NO

Within Lifetime: __YES__NO

Name of Service Provider: _____

Prescribed medication for Mental Health issues? Currently? __YES__NO

Within last 12 months? __YES__NO

Within lifetime? __YES__NO

Primary Health Care Provider:

Phone:

Address:

Other Conditions/Long-Term Illness/Allergies:

MEDICATIONS

Name:	Dosage:	Frequency:	Purpose:
Name:	Dosage:	Frequency:	Purpose:
Name:	Dosage:	Frequency:	Purpose:
Name:	Dosage:	Frequency:	Purpose:
Name:	Dosage:	Frequency:	Purpose:
Name:	Dosage:	Frequency:	Purpose:
Name:	Dosage:	Frequency:	Purpose:

Check all that apply

<input type="checkbox"/> jaundice
<input type="checkbox"/> stomach problems (ulcers, gastritis)
<input type="checkbox"/> unmanaged diabetes
<input type="checkbox"/> head injury
<input type="checkbox"/> history of seizures/epilepsy
<input type="checkbox"/> pancreatitis
<input type="checkbox"/> cancer
<input type="checkbox"/> physical or sexual abuse
<input type="checkbox"/> eating disorders (bulimia, anorexia, binging)
<input type="checkbox"/> emotional / verbal abuse
<input type="checkbox"/> heart disease
<input type="checkbox"/> recent untreated injuries
<input type="checkbox"/> blood pressure problems
<input type="checkbox"/> risk of infectious diseases
<input type="checkbox"/> liver disease
<input type="checkbox"/> STI (syphilis, gonorrhea, chlamydia, herpes)
<input type="checkbox"/> hepatitis
<input type="checkbox"/> HIV
<input type="checkbox"/> kidney disease
<input type="checkbox"/> lice/scabies

Other: _____



(FOR ALL RESIDENTIAL PROGRAMS)

**PLEASE HAVE THIS T.B. FORM COMPLETED BY
A MEDICAL PROFESSIONAL & FAXED TO 705-674-8069.**

Name: _____

RESULTS : **Date received** _____

Results (mm) _____

Interpretation _____

CHEST X-RAY REQUIRED IF T.B. TEST IS POSITIVE (results):

MEDICAL PROFESSIONAL'S SIGNATURE: _____

DATE: _____

PLEASE NOTE: THE TB TEST IS FREE AT ALL HEALTH UNITS. IF THERE IS NO HEALTH UNIT IN YOUR VICINITY, MEDICAL CLINICS MAY CHARGE FOR THE TEST. IF YOU ARE RECEIVING ODSP OR ONTARIO WORKS BENEFITS, CALL YOUR WORKER AS THE COST OF THE TEST MAY BE COVERED.



CONSENT TO DISCLOSE INFORMATION

Release to/
and/or obtain from:

Clinical Records/
Information Regarding: (Please print)

Name DOB (day/month/year)

Concerning the following: (Indicate internal program, if applicable)

**This consent shall expire once the person
has completed their service or upon discharge.**

If request obtained verbally, specify details (i.e. date, time, method, etc.):

Signature: _____ Date: _____

Witness: _____ Date: _____



RECOVERY HOME HOUSE GUIDELINES

***VIOLATION OF THESE RULES WILL BE UNDERSTOOD
AS YOUR DECISION TO NOT PARTICIPATE IN MONARCH'S PROGRAM***

1. Residents are to **abstain from alcohol, drugs & gambling** while in the program.
2. Individuals are to **take all medication as prescribed**. Medication and vitamins will be locked up in the frontline office. It is your responsibility to take it on time and as prescribed.
3. All residents are to be out of bed by **7:00am** - make their beds and prepare for morning group at **7:30am**. Breakfast is to be finished prior to chore time at **8:00am** (1 hour later on weekends).
4. Weekday mornings, prior to 10:00 am group, residents are required to be dressed appropriately, groomed and prepared to meet their day.
5. Residents are permitted phones, computers, laptops & iPad/tablets in the home. These can be signed out on Tues. & Thurs. from 1pm-4pm and on weekends & holidays from 10:30am-10pm. These items will be confiscated, unless using during the allotted times. If returned late individual may lose these privileges altogether.
6. Due to allergies and chemical sensitivities, scented products are **prohibited** within the home.
7. Due to health reasons, no NEW body modifications/alterations are permitted while in the home (tattoos, piercings, stretchers/taper pins, cutting/splitting/cropping, implants, scarification).
8. **No smoking is permitted anywhere on the property except in the Gazebo**. Vaporizers/E-Cigs and the fluids) are NOT permitted anywhere on property.
9. Televisions are off from 8am to 12pm during weekdays because this is chore and group preparation time. In the mornings, you may watch the news prior to chore time.
10. No sleeping during the day - *unless cleared with staff in advance*.
11. Residents are **not permitted** protein powders, energy drinks or supplements. All food and drinks are prohibited beyond the dining room except in special circumstances. **Water only is allowed in the bedrooms**.
12. Residents cannot leave the home *before* lunch and must be present for both morning and evening groups, *unless previous arrangements are made with staff*.
13. Staff must scrutinize everything brought into the house. Be sure to show staff your purchases and additions to the home.

14. Residents are to be in the home by **10:00pm** from Sunday to Thursday night inclusively. On Friday by **10:30pm** & on Saturday by **11:00pm**. On weekdays, residents are to be in bed by **11:30pm**.

15. Each individual must show respect for himself, peers, staff and the program & home by:
- Not entering another peer's bedroom without permission
 - Not using profanity, inappropriate jokes, violence or threats toward peers or staff
 - Using the peg board when entering or leaving the home
 - Not using thumbtacks, nails or screws on the walls – talk with staff if you have something you would like to add
 - Letting staff know in **ADVANCE** of **daily plans**, such as informing staff when leaving house and upon returning, and if you'll be late or missing meals.

16. UNDER NO CIRCUMSTANCES ARE RESIDENTS TO LEAVE THE BUILDING AFTER CURFEW.

VISITORS are welcome to visit in public areas only (dining, pool and group room) between noon and 4:30pm and 7pm-10pm each day except between 1:30pm-2:30pm on Mondays, Wednesdays and Fridays. Under **NO** circumstances should there be visitors in the home outside of these allotted times. Visitors are expected to abide by the rules of the home and are the resident's responsibility to ensure the proper behavior of their visitors. Visitors need to sign in and out, and come in and leave through the front door. Please introduce the visitor to Staff. If Staff feels that the Visitor is not sober, or is a safety risk to the home, the Visitor may be asked to leave.

Out of respect for yourself and other residents, sexual relations and intimate behaviours of any kind are not permitted on Monarch Recovery Services properties.

Your signature below indicates that you have read, understand and agree to follow ALL the guidelines.

Name: _____ Signature: _____

Date: _____ Staff Signature: _____

MONARCH IS NOT RESPONSIBLE FOR PERSONAL EFFECTS LEFT AT THE HOUSE

Monarch's Recovery Home Program Schedule - 2020

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
7am Wake Up / Breakfast					8am Wake Up	
7:30am-8am Daily Reading Group					8:30am-9:15am Chores	
8am-9am Chores					9:30-10:30am Brunch	
9am-10am Medication / Group Preparation Time					10:30am-4pm Personal Time Self Help Meetings Family Time	
10am-12am Recreation Group	10am-11am Chore Follow Up & Life Skills	10am-11am Staff Selected Group	10am-11am Big Book Study & Step Group	10am-11am Action Follow Up / Inventories		
12pm-12:20pm Lunch	11:30am-11:50am Lunch					
12:30pm-1:30pm Appointments Developing plan of care	12pm-3:30pm Tuesday & Thursday - Appointments Developing plan of care Personal Time Self Help Meetings Family Time			12:30pm-1:30pm Appointments Developing plan of care		
1:30pm-2:30pm Staff Selected Group	On Wednesday 1:30 to 2:30 pm Staff Selected Group			1:30pm-2:30pm Staff Selected Group		
2:30pm-4:30pm Journaling / Step Work	3:30pm-4:30pm Journaling / Step Work			2:30pm-4:30pm Journaling / Step Work		
4:30pm-5pm Supper						
5pm-6pm Chore time / Group Preparation						
6pm-7pm House Meeting	6pm-7pm Staff Selected Group	6pm-7pm Recreation Group	6pm-7pm H & I / Staff Selected Group	6pm-7pm Pool Tournament	6pm-11pm Developing plan of care Personal Time Self Help Meetings	6pm-10pm Developing plan of care Personal Time Self Help Meetings
7pm-10pm Developing plan of care Personal Time Self Help Meetings						
10pm Curfew				10:30pm Curfew	11pm Curfew	10pm Curfew
11pm Journaling / Reading / Quiet Time				11:30pm Quiet Time		11pm Quiet Time