



Monarch Men's Recovery Home and Aftercare Referral Information

January 2015

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

Monarch Recovery Services

Men's Assessment & Referral

Tel: 705-675-1179, x 224 Fax: 705-671-8069

MEN'S SITES

Level 1 Supportive Housing

402 Brady Street
Sudbury, ON P3B 2P6
www.monarchrecovery.com



Monarch Recovery Services has the only all-male recovery home in the Manitoulin/Sudbury District to serve men with substance abuse problems.

MONARCH Men's Recovery Home welcomes any man 16 years and older, with a substance abuse problem, who demonstrates a commitment to change his lifestyle. The client and staff design a service plan specific to his needs. Every client must be committed to maintaining his sobriety through work, education, volunteering, re-training and recreational activities. He is supported while adjusting to his new lifestyle. All clients will participate in household maintenance, chores, group activities and volunteering opportunities. The length of stay is up to six months.

Eligibility Criteria

1. Male over 16, who has been detoxified from drugs/alcohol
2. Must demonstrate a commitment to recovery
3. Homeless or unsafe living environment
4. Call the Assessment Coordinator @ 705 675-1179 x 224 for an assessment, tour and interview

Level II Supportive Housing

396 Brady Street
Sudbury, ON, P3B 2P6

'Beyond the Rock' was established to provide accommodations in conjunction with a program of rehabilitative services, to support men in recovery, with the main goal of abstinence. "Beyond the Rock" offers an affordable, cooperative and empowering environment for clients to transition to independent living.

After completing a recovery home program, 'Beyond the Rock' offers another six (6) months, providing the man with one year 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 Counseling Team
2. Must be abstinent from alcohol & drugs, with exception of approved medications
3. Must demonstrate a commitment to recovery and be in the maintenance stage of change
4. Must have a source of income (Ontario Works, O.D.S.P., E.I., W.S.I.B., pensions, employed part-time or full-time) as rent is required
5. Must complete the application process, and a contract agreement reviewed with staff and signed prior to occupancy



Men's Aftercare



Eligibility Criteria

1. Males only, 16 years of age and older
2. The completion of a program of recovery and a desire to maintain sobriety with at least 72 hours in sobriety
3. Be registered with Monarch Recovery Services by completing an information package including (an Oath of Confidentiality, an Information Sheet, Group Guidelines and a Feedback form).
4. Must have completed the TB form

AFTERCARE Meeting Information

1. The Aftercare Meeting is held every **Wednesday evening from 6:30 p.m. to 8:30 p.m.**, and includes a 10-minute break.
2. The Aftercare Program Group will be based on the participants' needs.
3. The group will be open to all men in the community who have completed a treatment program and wish to maintain their recovery.
4. The meeting will be held on the 4th floor at Monarch Men's Recovery Home, located at 402 Brady Street.

If you are interested in joining this all-male group, please call 705 675-1179 x. 246 in order to complete the information package.

MEN'S RESIDENTIAL SITES

What to Bring	What NOT to Bring
<p style="text-align: center;">Identification</p> <p>Driver's license, passport or other government-issued photo identification - If you do not have a valid/unexpired photo ID please bring a copy of a birth certificate or social security card.</p>	<p style="text-align: center;">Valuables</p> <p>Monarch Recovery Services is not responsible for money and other personal property that are lost, stolen or damaged. Clients are advised to NOT bring large sums of money or other items of value.</p>
<p style="text-align: center;">Medications</p> <p>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.</p>	<p style="text-align: center;">Drugs and/or Alcohol</p> <p>The possession, trafficking and/or use of alcohol and drugs is strictly prohibited and will not be tolerated.</p>
	<p style="text-align: center;">Weapons</p> <p>Are not permitted</p>
<p style="text-align: center;">Luggage</p> <p>Please limit yourself to one large suitcase and one bag of clothing.</p>	<p style="text-align: center;">Scents</p> <p>Colognes, perfumes and other scented items are prohibited</p>
<p style="text-align: center;">Clothing</p> <p>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 for many of our activities.</p>	<p style="text-align: center;">Offensive Clothing</p> <p>Clothing items containing alcohol and/or drug related symbols or slogans or items otherwise containing offensive, racist, sexist, or derogatory symbols or slogans are strictly prohibited.</p>
<p style="text-align: center;">Toiletries</p> <p>You should pack items as shampoo, conditioner, toothpaste, hair gel, body wash and soap. All toiletries must be alcohol free.</p>	<p style="text-align: center;">Items with Alcohol</p> <p>Items that contain alcohol such as aftershave lotion, cologne and mouthwash are restricted.</p>
<p style="text-align: center;">Calling Card</p> <p>A calling card to make long distance calls at designated times.</p>	<p style="text-align: center;">Electronics</p> <p>Computers, laptops, tablets, i-pods and other music devices</p>
<p style="text-align: center;">Contact Information</p> <p>A list including phone numbers and addresses of family, doctors, psychiatrists, counsellors, attorneys, and anyone else with whom you would like to have contact.</p>	<p style="text-align: center;">Cell Phones</p> <p>Are not permitted</p>
	<p style="text-align: center;">Vehicles</p> <p>Are not permitted</p>
	<p style="text-align: center;">Outside Food & Pop</p> <p>Are not permitted</p>



Men's Site 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?

- ADAT Tracking Summary
- If on psychoactive medications, a letter from your prescribing Physician verifying your stability and diagnosis
- A copy of Bail, Probation or Parole if applicable
- Signed consent to share information
- TB Test Form as required

To apply for residency at Monarch Recovery Services;

- **A client must have been assessed as needing Level One Supportive Services according to the Provincial Guidelines and as in the ADAT Discharge Summary.**
- Monarch Recovery Services does accept applications from co-occurring and concurrent disorders clients and may request additional information before considering applications.

All applications will receive a response within 24 **business hours** of submission.

Call Assessment Coordinator at 705-675-1179 ext 224

9:30am – 5:30pm Monday through Friday. Faxed

applications may be directed to 705-671-8069

or by e-mail at info.men@monarchrecoveryservices.ca

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

Monarch Men's Application Form



Client 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:			Relation:		
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 Phone:			Agency Fax:		

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 7. Unknown		
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 ____ mm ____ yyyy _____		Substance:
Previous Treatment? <input type="checkbox"/> YES <input type="checkbox"/> NO		If YES, when and where?
Previous Recovery Home? <input type="checkbox"/> YES <input type="checkbox"/> NO		If YES, when and where?
HEALTH SCREENING		
Are there acute complications that may require referral to emergency/hospital for immediate medical assessment? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Unknown 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 Is there a threat of harm to you or others? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Unknown If yes, what? _____		
Impairments 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 <input type="checkbox"/> Unknown		
Number of overnight Hospitalizations in the last 12 months for physical problems? <input type="checkbox"/> Unknown Reason for last overnight Hospitalization: _____		
Hospitalized for a Mental Health problem by a qualified Mental Health Professional? Within the last 12 months? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Unknown _____ Within lifetime? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Unknown Most Recent Diagnosis: #1 _____ #2 _____		

Monarch Men's Application Form

Received treatment for a Mental Health, emotional, behavioural or psychological problem from a community Mental Health program professional? Currently: YES NO Unknown

Within last 12 months: YES NO Unknown

Within Lifetime: YES NO Unknown

Name of Service Provider: _____

Prescribed medication for Mental Health problems? Currently? YES NO Unknown

Within last 12 months? YES NO Unknown

Within lifetime? YES NO Unknown

Primary Health Care Provider:

Phone:

Address:

Health Conditions/Problems/Allergies:

Are you currently on, Methadone? YES NO Suboxone YES NO

Have you ever had a transmittable illness/disease? YES NO Unknown

If yes, what? _____

MEDICATIONS

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, gonorrhoea, chlamydia, herpes)
<input type="checkbox"/> kidney disease	<input type="checkbox"/> lice/scabies

Other: _____

* Note: If a client is on psychoactive medications we require a letter from the prescribing Doctor stating diagnosis and stability.

Monarch Men's Application Form



**PLEASE HAVE THIS T.B. FORM COMPLETED BY
A MEDICAL PROFESSIONAL**

Patient's Name: _____

MANDATORY: 1) **Date received** _____
 Results (mm) _____
 Interpretation _____

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

MEDICAL PROFESSIONAL'S SIGNATURE: _____

DATE: _____



CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION

402 Brady Street, Ontario P3B 2P6

Tel. 705-675-1179

Fax. 705-671-8069

RE: _____ **DATE of BIRTH** _____
day month year

Having read and understood this form, I hereby authorize **MONARCH RECOVERY SERVICES** to **RELEASE/REQUEST** the following information to/from the person(s)/agency(ies) listed.

In order for this release to be valid, one column must be checked and initialed by the client for each area of disclosure:

HSN Mental Health & Additions Programs Worker(s) **YES** **NO** **INITIALS**
Name(s) _____ _____
Contact Information: Tel.: (_____) _____ Ext. _____
(mandatory)

HSN Withdrawal Management Services **YES** **NO** **INITIALS**
Contact Information: Tel.: (_____) _____ _____
(mandatory)

HSN Emergency Personnel: Hospital Staff, Ambulance Attendees **YES** **NO** **INITIALS**
Contact Information: Tel.: (_____) _____ Ext. _____ _____
(mandatory)

Family Responsibility Office Worker **YES** **NO** **INITIALS**
Name: _____ _____
Contact Information: Tel.: (_____) _____ Ext. _____
(mandatory)

Réseau ACCESS Network: HIV, HEP C Programs Worker(s) **YES** **NO** **INITIALS**
Name: _____ Name: _____ _____
Contact Information: Tel.: (_____) _____ Ext. _____
(mandatory)

Probation and Parole Worker **YES** **NO** **INITIALS**
Name: _____ _____
Contact Information: Tel.: (_____) _____ Ext. _____
(mandatory)

Ontario Works Worker **YES** **NO** **INITIALS**
Name: _____ _____
Contact Information: Tel.: (_____) _____ Ext. _____
(mandatory)

Ontario Disability Support Program Worker **YES** **NO** **INITIALS**
Name: _____ _____
Contact Information: Tel.: (_____) _____ Ext. _____
(mandatory)



MEN'S PROGRAMS HOUSE RULES

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

1. Clients are to **abstain from alcohol and drugs and to take medication as prescribed.** Medication and vitamins will be locked up in the frontline staff office.
2. All clients are to be out of bed by **7:30 a.m.**, make their beds and finish breakfast prior to chore time at **8:00 a.m.** (1 hour later on weekends).
3. Weekday mornings, prior to 10:00 a.m. group - Clients are required to be dressed appropriately groomed and prepared to meet their day.
4. Clients are **not** permitted protein powders, cell phones, i-pods, tablets, computer or pagers – these will be confiscated.
5. Due to allergies and chemical sensitivities, scented products are prohibited within the home.
6. **No smoking is permitted anywhere on the property except in the Gazebo.** Televisions are off from 8 a.m. to 12:00 p.m. during weekdays because this is chore and group preparation time. In the morning you may watch the news prior to chore time.
7. No sleeping during the day - *unless cleared with staff in advance.*
8. Eating is prohibited beyond the dining room except in special circumstances. **Water only is allowed in the bedrooms.**
9. Clients cannot leave the home before morning group and all clients must be present for morning and evening group, *unless previous arrangements are made with staff.*
10. Staff will scrutinize everything brought into the house. **Sunday to Thursday night inclusively curfew is 10 p.m. from. On Friday & Saturday evenings curfew is 11:00 p.m.** Weekdays, clients have to be in bed by **11:30pm.**
11. Each client must show respect for himself, peers, staff and the program by:
 - Not entering his peers' bedrooms without their permission
 - Not using profanity, inappropriate jokes, violence or threats toward peers or staff
 - Using the peg board when entering or leaving the home
 - 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.

Client Signature _____

Date _____

Staff Signagure _____

Date _____

MONARCH IS NOT RESPONSIBLE FOR PERSONAL EFFECTS LEFT AT THE HOUSE.

Updated November 2014

Men's Recovery Home Program Schedule

Utilize journals at every opportunity and secure your handouts in them.

<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>
<u>7:00am-7:45am</u> Breakfast	<u>7:00am-7:45am</u> Breakfast	<u>7:00am-7:45am</u> Breakfast	<u>7:00am-7:45am</u> Breakfast	<u>7:00am-7:45am</u> Breakfast
<u>8:00am-9:00am</u> Chores	<u>8:00am-9:00am</u> Chores	<u>8:00am-9:00am</u> Chores	<u>8:00am-9:00am</u> Chores	<u>8:00am-9:00am</u> Chores
<u>9:00am-10:00am</u> Chore Follow Up Group prep Time	<u>9:00am-10:00am</u> Chore Follow Up Group prep Time	<u>9:00am-10:00am</u> Chore Follow Up Group prep Time	<u>9:00am-10:00am</u> Chore Follow Up Group prep Time	<u>9:00am-10:00am</u> Chore Follow Up Group prep Time
<u>10:00am - 12:00pm</u> Recreation Group	<u>10:00am -11:00am</u> Chore Instruct. & Life Skills	<u>10:00am-11:00am</u> Staff Appointed Group	<u>10:00am - 11:00am</u> Big Book & Step Group	<u>10:00 - 11:00am</u> Action Follow up Group/Inventories
<i>Lunch 12:00pm</i>	<i>Lunch 11:30am</i>	<i>Lunch 11:30am</i>	<i>Lunch 11:30am</i>	<i>Lunch 11:30am</i>
<u>1:00pm – 3:30pm</u> Personal Time to make appointments, going to self-help meetings or seek resources in the community Developing plan of care with counselling staff	<u>1:00pm – 3:30pm</u> Personal Time to make appointments, going to self-help meetings or seek resources in the community Developing plan of care with counselling staff	<u>1:00pm – 3:30pm</u> Personal Time to make appointments, going to self-help meetings or seek resources in the community Developing plan of care with counselling staff	<u>1:00pm – 3:30pm</u> Personal Time to make appointments, going to self-help meetings or seek resources in the community Developing plan of care with counselling staff	<u>1:00pm – 3:30pm</u> Personal Time to make appointments, going to self-help meetings or seek resources in the community Developing plan of care with counseling staff
<u>3:30 pm – 4:30pm</u> Journaling/Step Work	<u>3:30 pm – 4:30pm</u> Journaling/Step Work	<u>3:30 pm – 4:30pm</u> Journaling/Step Work	<u>3:30 pm – 4:30pm</u> Journaling/Step Work	<u>3:30 pm – 4:30pm</u> Journaling/Step Work
<u>4:30pm-5:00pm</u> Supper	<u>4:30pm-5:00pm</u> <i>Supper</i>	<u>4:30pm-5:00pm</u> <i>Supper</i>	<u>4:30pm-5:00pm</u> <i>Supper</i>	<u>4:30pm-5:00pm</u> <i>Supper</i>
<u>5:00pm- 6:00pm</u> Chore Time/Group Prep	<u>5:00pm- 6:00pm</u> Chore Time/Group Prep	<u>5:00pm- 6:00pm</u> Chore Time/Group Prep	<u>5:00pm- 6:00pm</u> Chore Time/Group Prep	<u>5:00pm- 6:00pm</u> Chore Time/Group Prep
<u>6:00pm-until completed</u> House Meeting	<u>6:00pm-7:00pm</u> Staff Appointed Group	<u>5:45-8:00pm</u> Recreation	<u>6:00pm-7:00pm</u> Yoga/Relaxation	<u>6:00pm-7:00pm</u> Staff Appointed Group
<u>7:00pm-10:00pm</u> Self-Help Meetings/Service plan development with Counsellor	<u>7:00pm-10:00pm</u> Self-Help Meetings/Service plan development with Counsellor	<u>7:00pm-10:00pm</u> Self-Help Meetings/Service plan development with Counsellor	<u>7:00pm-10:00pm</u> Self-Help Meetings/Service plan development with Counsellor	<u>7:00pm-11:00pm</u> Self-Help Meetings/Service plan development with Counsellor
<u>10:00pm</u> Curfew/Quiet time	<u>10:00pm</u> Curfew/Quiet time	<u>10:00pm</u> Curfew/Quiet time	<u>10:00pm</u> Curfew/Quiet time	<u>11:00pm</u> Curfew/Quiet time
<u>11:30pm - Bedtime</u>	<u>11:30pm - Bedtime</u>	<u>11:30pm - Bedtime</u>	<u>11:30pm - Bedtime</u>	<u>11:30pm - Bedtime</u>

Weekend Schedule

Saturday & Sunday	<u>8:00am-</u>	<u>9:00am-10:00am</u>	<u>10:30am</u>	<u>11:00am-4:00pm</u>	<u>4:30pm-5:30pm</u>	<u>5:30pm-6:00pm</u>	<u>6:00pm-11:00pm</u>	<u>11:00pm Saturday</u> <u>10:00pm Sunday</u>
	Wake up	Chore Time	Brunch	Personal time, going to self-help meetings	Supper	Chore Follow-up	Personal time, going to self-help meetings.	Curfew
								<u>11:30pm</u> Bedtime