**THE SA FOUNDATION’S GENESIS PROGRAM**

**Pre-Admission Information**

**PLEASE COMPLETE BOTH PAGES AND FAX TO: 604-568-0874 or send by email to: gvprogram@safoundation.com**

Date:

FIRST NAME: LAST NAME:

DATE OF BIRTH: CONTACT #:

REFERRING AGENGY:

CONTACT NAME AND PHONE NUMBER:

**CURRENT RESIDENCE:**

**WHY ARE YOU LEAVING THIS RESIDENCE?**

**WHY DO YOU WISH TO ENTER THE GENESIS PROGRAM?**

**HAVE YOU APPLIED BEFORE?** If yes, when

**EXPLOITATION HISTORY:**

Are you currently, or have you within the last year, been involved in prostitution, on the streets or elsewhere? (Give details)

**ADDICTIONS HISTORY:**

Do you have any drug or alcohol addictions? If yes, give details about kind of drugs used and length of use.

When was the last time you used?

**MENTAL HEALTH:**

Do you have any mental health issues, diagnoses or are you in the process of being diagnosed or evaluated for mental health issues? Give details.

How do your mental health issues affect your recovery and your day to day life? Give examples.

Do you have a history of violence, have you previously been charged with a violent crime or are you currently awaiting trial for a violent crime?

**CHILDREN:**

Do you have any children or are you pregnant?

If you have children, are they in your care? Yes No

Details:

**FINANCIAL STATUS:**

Current source of income (welfare, disability or other) :

Signature: