

INTRO TO THE GENESIS PROGRAM & ITS RECOVERY PHILOSOPHY

The Genesis Program is part of a larger organization called the SA Foundation (Servants Anonymous) – Canada. This foundation has existed for more than 30 years and our primary focus is to assist women to escape situations or patterns of sexual exploitation (prostitution, forced or otherwise), and to deal with destructive patterns and coping mechanisms (i.e. drugs/alcohol) that keep them in the cycle of exploitation.

Our primary focus is not drug & alcohol recovery; however, understanding that this is a common coping mechanism for those in exploitive situations, there is a substantial focus on staying clean and sober and recovery classes to this effect will be provided.

To really grasp the messages of recovery and to be able to dig deep into feelings and past experiences, it is our belief complete sobriety is necessary. This means the following is applicable for anyone wishing to enter the program:

1. Narcotics of any kind are not acceptable for use (prescribed by a doctor or otherwise). This includes medical marijuana.
2. Harm reduction medication (opioid-replacement therapies) are not considered beneficial to long-term recovery. In certain circumstances, exceptions may be made if the following conditions are met:
 - a. The potential candidate for the program is highly motivated to get off the prescription in a reasonable amount of time (the definition of reasonable will be determined with the potential candidate, the Program Director of the Genesis Program and the support team of the candidate)
 - b. The support team of the candidate is on board for assisting the candidate to reach a state of total sobriety: Social workers, doctors and all other supports.

The Genesis Program has a high rate of success in assisting women to break free from their patterns of exploitation, and in building a new life for themselves and their children. The women that experience the most success are the ones ready and willing to take the journey toward full sobriety and recovery 😊

**THE SA FOUNDATION'S GENESIS PROGRAM
Pre-Admission Information**

**PLEASE COMPLETE ALL PAGES. Send by email to:
gvprogram@safoundation.com**

Date: _____

FIRST NAME: _____ LAST NAME: _____

DATE OF BIRTH: _____ CONTACT #: _____

REFERRING AGENCY: _____
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 been in the past, 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? _____

Are you currently on any narcotics? If yes, for what purpose and are you willing to replace them with a non-narcotic prescription? _____

Are you currently on an opioid-replacement therapy? If yes, give details: _____

Do you agree that total sobriety would be most beneficial to long-term recovery? Please let us know your thoughts either way: _____

Are you willing to design a timeline for coming off this therapy? _____

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: _____

FUTURE PLANS/DREAMS:

Tell us about how you envision your future. Do you have dreams of maintaining sobriety, finishing school, reuniting with other children, etc.? _____

How do you think/hope the Genesis Program could help you to reach these dreams & goals? _____

FINANCIAL STATUS:

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

Signature:
