

The Jean Tweed Centre - Palmerston House application form.

The Jean Tweed Centre recognizes and values the rich diversity of Canadian society and specifically the communities of women, children and families it serves. We are committed to working from an inclusive, holistic anti-oppression framework to assist women from various cultures, racialized groups, abilities, socio-economic backgrounds, sexual orientations and gender identities with their substance use, mental health and gambling concerns.

Information about Palmerston House program:

1. Palmerston House is an abstinent based, post treatment supportive housing program for those who have completed an intensive substance use treatment program and require a supportive, recovery oriented environment in which to continue maintaining their goal of abstinence from substances.
2. Palmerston House offers shared accommodations. As part of communal living, residents are assigned weekly chores, have food preparation/ cooking responsibilities and are expected to follow curfews.
3. Residents are assigned in-house case managers and are supported in goal setting and preparing for independent living.
4. Women are responsible to pay rent plus \$100 a month for groceries – due on the 1st of each month.
5. Residents are encouraged to participate in variety of different programs during their time at PH.

Rent amounts are as follows:

Ontario works (OW)

Single woman: \$390

Mother with infant: \$642

Ontario Disability Support program (ODSP)

Single woman: \$522

Mother with infant: \$821

Curfew times are as follows:

Sunday – Thursday: 11pm

Friday – Saturday: 12am (midnight)

The curfew for mothers with infants is 8pm daily.

First name:	Last name:	DOB:	Age:
Current residence:			
If treatment, what are start/end dates:			
Did you attend other treatment programs in the past? When?			
Tel:	OK to call: Y/N	OK to leave msg: Y/N	
<u>Substance use history:</u>			
Primary substance:		Secondary substance:	
Date of last use:		Approximate length of use:	
Are you pregnant? Y/N		Due date:	
Do you have children: Y/N			
Child's name:	Age:	Where does the child live?	Do you see the children?
Mental health concerns/ diagnosis: Y/N			
Please describe:			

Do you have prescribed medication?	Y/N		
Please describe:			
Physical health concerns:	Y/N		
Employment status:	Source of income:		
Allergies:	Y/N	Life threatening? Y/N	Epi-pen? Y/N
Legal concerns:	Y/N		
Please describe:			
Referring source:			
Agency contact:		Tel:	

Date completed: _____ Name: _____