Grant House

Six-month residential program for women with substance use issues

What to expect at Grant House

Grant House is a six-month, 10-bed residential treatment program for women with substance use issues who recognize the need for a long-term program. In addition to alcohol and drug addiction, our clients often find themselves faced with other challenges such as concurrent disorders and a history of trauma.

Our innovative approach addresses your emotional, spiritual and physical needs through group work and intense individual counselling. We attend 12-step meetings, go to the YMCA regularly and have a roster of leisure activities. Every effort is made to provide a supportive atmosphere to facilitate your gradual return to independent living, substance-free.

Our clients are referred through community programs, shelters, hospitals and the criminal justice system. We welcome all women, and our program is founded on a non-judgmental total acceptance of the person.

The Grant House program works toward an abstinent lifestyle, and part of this includes random drug testing. For those remaining in Toronto after attending Grant House, we offer weekly in-house Aftercare meetings, and can also provide an individual case worker from our Addiction Case Management team to assist with issues that may arise in the community post-graduation.

For further information, please contact us at 416 960 9430 ext 22.

Who is the program designed for?

- Women with alcohol or substance use issues who have tried a short-term program and realized they needed additional support and structure.
- Women with concurrent disorders, including PTSD.
- Women whose lives have been derailed by alcoholism and substance use, leaving them homeless, financially strapped, and alone
- Women who are on probation or have had challenges with the law as a result of their substance use.

Our approach to treatment

Our treatment model looks at the entire woman — mind, body and spirit — in relation to the early influences in her life, the developing self, and adult relationships. We believe that alcohol and substances are most often used to relieve psychic and emotional pain, and that addiction further strips the woman of self-worth.

We work to discover why each woman has turned to substances, and ultimately self-destruction. We help her learn to identify and release stored emotional pain, and replace negative thought patterns and behaviours with self-empowering actions and attitudes.
Dear applicant,

We are pleased you are considering Grant House for treatment and hope in this package to provide more information about our program.

Grant House offers a six-month residential stay for 10 women recovering from substance abuse. We have two groups daily to address the physical, emotional, mental, spiritual and social aspects of recovery, and provide individual counselling as well. We attend 12-step meetings, go to the YMCA, and pursue leisure activities as part of our abstinence-based program.

The length of residence allows for increased amounts of freedom to assist with your integration back into the community. After you complete the program, we offer additional support from our team of outreach counsellors, as well as an Aftercare group at Grant House.

If you are interested in our program, the next step is to fill in the accompanying forms and fax them to us:

☐ the Application

☐ the Consent Form for Disclosing Personal Health Information

When I receive your application I will get in touch with you to talk further and keep you updated.

Once I have received your application I would like you to do a weekly phone check-in - and remember, you are welcome to call at any time if you have any questions or concerns.

Yours,

Joulaika Buchan MSW RSW Program Manager

416 960 9430 ext 22 Fax: 416 920 3380
Grant House

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Our innovative approach addresses your emotional, spiritual and physical needs through group work and intense individual counselling. We attend 12-step meetings, go to the YMCA regularly and have a roster of leisure activities. Every effort is made to provide a supportive atmosphere to facilitate your gradual return to independent living, substance-free.

Our clients are referred through community programs, shelters, hospitals and the criminal justice system. We welcome all women, and our program is founded on a non-judgmental total acceptance of the person.

Our program includes:

- Cognitive living skills
- Making connections between trauma and addictions
- Relapse prevention
- Cognitive-Behavioural skill building
- Behavioural therapy
- Nutrition for recovery
- Relaxation and exercise
- Preparing for the future [parenting, school preparation, house hunting, etc.]
- Self-help for recovery [12-step meetings]
- Leisure therapy
- Cultural connections
- Individual counselling
- Aftercare

The Grant House program works toward an abstinent lifestyle, and part of this includes random drug testing.

For those remaining in Toronto after attending Grant House, we offer weekly in-house Aftercare meetings, and can also provide an individual case worker from our Addiction Case Management team to assist with issues that may arise in the community post-graduation.

For further information, please contact us at 416-960 9430 ext. 22
Grant House APPLICATION

Name: __________________________________ Date: ________________

Date of birth: (dd/mm/yy) ____________________

Age:____

Health card number: _________________________

Have you ever changed your name: ☐ yes ☐ no
If so, what were your initials at birth? ___

Social insurance number: ______________________

Contact information:

Address: ________________________________
________________________________

Phone: ________________________________ Okay to call? ☐ yes ☐ no

In case of emergency, who should we call?

Name: ________________________________ Relationship: __________

Address: ________________________________
________________________________

Phone: ________________________________

Please describe your current living arrangements. Are you living on your own, with friends, with family?
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

Are you currently in a relationship?_______________________________________
_________________________________________________________________
Family background

Where were you born? ________________________________

Please fill in the following chart with information about your family, not including your own children (should you have any):

<table>
<thead>
<tr>
<th>Family member's name</th>
<th>Relationship</th>
<th>Age</th>
<th>Do you have contact with them?</th>
<th>Do they support your plans?</th>
<th>Do they abuse drugs/alcohol</th>
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If any of your family members are deceased please fill in the follow chart:

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<th>Name</th>
<th>Relationship</th>
<th>Year of death</th>
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What was it like growing up in your family? __________________________________________

_________________________________________________________________

_________________________________________________________________

How would you describe yourself as a child? __________________________________________

_________________________________________________________________

_________________________________________________________________

**Marital status:**

- [ ] Married/Common law
- [ ] Single (never married)
- [ ] Widow
- [ ] Divorced/Separated
Do you have children? □ yes □ no

If you have had children, please fill in the following chart:

<table>
<thead>
<tr>
<th>Name</th>
<th>boy/girl</th>
<th>age</th>
<th>Where and with whom are they living?</th>
<th>Do you have contact with them?</th>
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Has there been C/CAS or Native Child and Family Services involvement?

□ yes □ no Which children? __________________________________________

Do you need to arrange childcare while you are in treatment? □ yes □ no

Education/Employment

What languages do you speak? ______________________________________

Please check highest level of schooling achieved:

□ no formal schooling □ some primary school □ completed primary
□ some high school □ completed high school □ some college/technical school
□ completed college □ some university □ completed university

Do you have plans for further education? ____________________________________

Are you employed? ______________________________________________________

Do you have a source of income?__________________________________________

Can we assist you in applying for Ontario Works? ______________________________

Do you have a family doctor? □ yes □ no

Name: ____________________________________________

Address: ____________________________________________
DRUG AND ALCOHOL HISTORY

When did you first start drinking or taking drugs? ____________________________________________

When did your substance use start becoming a problem? _______________________________________

_______________________________________________________________________________________

Have you had periods of clean time? _______________________________________________________

_______________________________________________________________________________________

What are your drugs of choice? How often did you use in the past 30 days?

MAJOR: ______________________  
☐ did not use  
☐ 1 to 3 times a week  
☐ 3 to 6 times a week  
☐ daily

2nd: ________________________  
3rd: ________________________

Please indicate any substances you have used in the past year:

- Alcohol  
- Crack  
- Cannabis  
- Cocaine  
- Glue/Inhalants  
- Heroin  
- Opium  
- Amphetamines (Ritalin)  
- Barbiturates  
- Benzodiazapines (Valium)  
- Hallucinogens (K)  
- Ecstasy  
- Prescription opioids (oxys, percocets, Fentanyl, Dilaudid)  
- Crystal meth  
- GHB

Injection drug use:

☐ Never injected  
☐ Injected more than one year ago  
☐ Injected in the past 12 months

What are you like when you are drinking or using? How would you describe your personality changes?

_______________________________________________________________________________________

_______________________________________________________________________________________

What are you like when you are withdrawing?_____________________________________________________

_______________________________________________________________________________________
Have you ever experienced withdrawal seizures? __________________________________
____________________________________________________________________________

Have you ever had problems with an eating disorder? ________________________________
____________________________________________________________________________

Would you say you still struggle with an eating disorder? ____________________________
____________________________________________________________________________

Have you ever attempted suicide? _________________________________________________
____________________________________________________________________________

Have you ever overdosed? _______________________________________________________
____________________________________________________________________________

**Have you ever been to treatment before? If so, please fill in the following chart:**

<table>
<thead>
<tr>
<th>Name of treatment program</th>
<th>Year attended</th>
<th>Program length</th>
<th>Clean time following completion of treatment</th>
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What steps are you taking at the present time to assist in your recovery? (Addictions counsellor, 12-step meetings…) ________________________________
____________________________________________________________________________
____________________________________________________________________________
TRAUMATIC LIFE EXPERIENCE

Many women who develop problematic addictions have histories of abuse of some kind or other. We would like to get a picture of some of your past experiences.

Have you had traumatic or abusive experiences in your life? __________________________

Have you experienced sexual abuse between the ages of:

- 1 and 6 years old
- 6 to 10 years old
- 11 to 15 years old
- 16 to 20 years old
- 21 to 26 years old
- 26 to 30 years old
- 30 + years old
- 40 + years old
- 50 + years old

Was your abuser a family member, a friend, a stranger? __________________________

___________________________________________________________________

Have you ever been physically abused? If so, how old were you, and who was the person responsible?

___________________________________________________________________

___________________________________________________________________

Have you ever suffered from abuse of an emotional, psychological or criminal nature?

___________________________________________________________________

___________________________________________________________________

Thank you for sharing this sensitive information with us. It will play an important part in your recovery at Grant House.

How did you hear about our program at Grant House?

- Detox
- Doctor
- Family
- Friend
- Internet
- Nurse
- P.O. officer
- Self-help group (AA CA)
- Community worker
- Corrections social worker
- Addictions day program
- Other ________________
Do you have any charges, fines or warrants outstanding or pending?

_______________________________________________________________________

Do you have any upcoming court dates?

_______________________________________________________________________

Are you currently on probation? When did it start and when will it end?

_______________________________________________________________________

If you are on probation, who is your probation officer, and at what office?

_______________________________________________________________________

If you are incarcerated, what were the charges for your most recent incarceration?

_______________________________________________________________________

When were you arrested?

_______________________________________________________________________

When is your release date?

_______________________________________________________________________

Do you have a lawyer? If so, what is his or her name?

_______________________________________________________________________

Are you out, and awaiting trial or sentencing? Do you know your court date?

_______________________________________________________________________

Please list most recent prior convictions:

<table>
<thead>
<tr>
<th>Type</th>
<th>Year</th>
<th>Sentence</th>
<th>Juvenile</th>
<th>Adult</th>
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Do you have conditions attached to treatment?

- No Conditions
- Choice of treatment or jail
- To regain children
- Condition of Probation/Parole
- Other___________
HEALTH INFORMATION

Do you have any significant health concerns at the moment?
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

Have you been hospitalized in the past year?  □ yes □ no
If yes, please provide more information:
_______________________________________________________________________
_______________________________________________________________________

Have you ever had a psychiatric diagnosis? If so, what was it? And when was it made?
_______________________________________________________________________
_______________________________________________________________________

Please provide a list of your current medications:

<table>
<thead>
<tr>
<th>Medication</th>
<th>Daily dose</th>
<th>Why are you taking this?</th>
<th>Months on this med</th>
<th>Side effects?</th>
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NOTE: At this time, we are unable to accept clients on methadone or suboxone; benzodiazepines (valium, clonazapam etc.); or on opiates for pain control, even if these medications are prescribed by a physician.
Do you have any allergies?
_______________________________________________________________________
_______________________________________________________________________

Do you have any dietary restrictions?
_______________________________________________________________________
_______________________________________________________________________

Are you capable of walking up and down stairs several times a day?  □ yes  □ no

Are you capable of daily outings in the community?  □ yes  □ no

Are you capable of performing regular household duties?  □ yes  □ no

Are you pregnant, or think you might be?  □ yes  □ no

Are there any other medical conditions of which Grant House should be aware?

□ Epilepsy/history of seizures  □ Liver disease
□ Musculo-skeletal injuries  □ Heart disease
□ Fibromyalgia  □ (other_____________________

We require a TB test performed in the past three months. Please provide a form saying you have had this test done, along with the results.

Is there anything else concerning your health that you would like to share with us?
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
While it’s up to you whether you complete the following questions or not, it might help us get a better idea of why you are interested in coming to Grant House, and why, at this moment, recovery is important to you.

Can you remember how you were first introduced to drugs and/or alcohol and why you took up the offer?

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

What was your pattern of using just before you decided to come to Grant House (what drugs were you using, how much, how often)?

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

What did drugs or alcohol do for you? List as many reasons as possible.

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

What were the factors that made you realize you had to overcome your addictions?

____________________________________________________________________
Please describe any periods of time when you stopped using (clean time) or when you were able to use a lot less (what was going on in your life then)?

What is your experience with getting help in the past? What was helpful and what was not so helpful?

What will help you to feel safe and focused on recovery at Grant House. What can you do? How can other people help?
How do you honestly see yourself today? Which of your strengths will help you do this program?

___________________________________________________________________

___________________________________________________________________

___________________________________________________________________

___________________________________________________________________

___________________________________________________________________

___________________________________________________________________

___________________________________________________________________

What obstacles do you see before you?

___________________________________________________________________

___________________________________________________________________

___________________________________________________________________

___________________________________________________________________

Is there anything else you would like to say?

___________________________________________________________________

___________________________________________________________________

___________________________________________________________________

___________________________________________________________________

Thank you!
Consent to Disclose Personal Health Information  
Pursuant to the Personal Health Information Protection Act, 2004 (PHIPA)  

I, ___________________________________________, (Print your name)
authorize ___________________________________________,
(Print name of health information provider, psychiatrist, treatment provider etc.)
To disclose my personal health information consisting of:

- clinical records
- psychological evaluation
- discharge summary
- physical health information
- master treatment plan
- psychiatric evaluation
- mental health information
- Drug/alcohol tests and results
- drug/alcohol diagnosis, treatment, referrals

To: _______________________________Grant House program counsellor.
(Print name of staff member)

The information is needed for the purpose of adopting a more comprehensive and integrated approach to my health care and maintaining a continuity of care for this purpose only unless otherwise permitted or required by law. 
This authorization may be revoked at any time by the client. Revoking of this authorization shall not cancel any prior action that has already transpired. If not revoked, it shall terminate the last day of clinical treatment.

I understand the purpose for disclosing this personal health information to Grant House staff. I understand I can refuse to sign this consent form.

Print name: ___________________________________________
Signature: __________________________ Date: __________

Witness name: ___________________________________________
Signature: __________________________ Date: __________

Street Haven Addiction Services
Phone: 416 960 9430 Fax: 416 920 3380
Consent to Disclose Personal Information

I, ________________________________,
(Print your name)

Authorize _________________________________________________
(Ministry of Community Safety and Correctional Services – Social Worker)

To disclose information consisting of:

☐ probation details ☐ legal information
☐ mental health information, behaviour ☐ Drug/alcohol tests and results
☐ drug/alcohol diagnosis, treatment, referrals

To Street Haven Addiction Services staff – Grant House

The information is needed for the purpose of adopting a more comprehensive and integrated approach to my care and maintaining a continuity of care for this purpose only unless otherwise permitted or required by law. This authorization may be revoked at any time by the client. Revoking of this authorization shall not cancel any prior action that has already transpired. If not revoked, it shall terminate the last day of clinical treatment.

I understand the purpose for disclosing this information to Grant House staff. I understand I can refuse to sign this consent form.

Print name: ______________________________________

Signature: _____________________________ Date: __________

Witness name: ____________________________

Signature: _____________________________ Date: __________
I, ____________________________,
(Print your name)

Authorize _________________________________________________
(Lawyers Name and phone number)

To disclose information consisting of:

- [x] probation details
- [x] legal information
- [ ] mental health information
- [ ] Drug/alcohol tests and results
- [ ] drug/alcohol diagnosis, treatment, referrals

To Street Haven Addiction Services staff – Grant House

The information is needed for the purpose of adopting a more comprehensive and integrated approach to my care and maintaining a continuity of care for this purpose only unless otherwise permitted or required by law. This authorization may be revoked at any time by the client. Revoking of this authorization shall not cancel any prior action that has already transpired. If not revoked, it shall terminate the last day of clinical treatment.

I understand the purpose for disclosing this information to Grant House staff. I understand I can refuse to sign this consent form.

Print name: ____________________________________________

Signature: _____________________________ Date: ____________

Witness name: ____________________________

Signature: _____________________________ Date: ____________

Street Haven Addiction Services
Phone: 416 960 9430 Fax: 416 920 3380
I, ___________________________________________,
(Print your name)

authorise Marissa Levene, Probation and Parole Officer, 920 Yonge St.

To disclose information consisting of:

X probation details  X legal information
☐ mental health information  ☐ Drug/alcohol tests and results
☐ drug/alcohol diagnosis, treatment, referrals

To Street Haven Addiction Services staff – Grant House

The information is needed for the purpose of adopting a more comprehensive and integrated approach to my care and maintaining a continuity of care for this purpose only unless otherwise permitted or required by law.

This authorization may be revoked at any time by the client. Revoking of this authorization shall not cancel any prior action that has already transpired. If not revoked, it shall terminate the last day of clinical treatment.

I understand the purpose for disclosing this information to Grant House staff. I understand I can refuse to sign this consent form.

Print name: ___________________________________________

Signature: ________________________________ Date: __________

Witness name: ________________________________

Signature: ________________________________ Date: __________

Street Haven Addiction Services
Phone: 416 960 9430 Fax: 416 920 3380
Grant House Anti Racist Anti Oppressive Statement

Grant House recognizes the intrinsic value of culture and believes that cultural diversity is a source of enrichment and strength.

Grant House believes that every woman is unique and must be treated with respect and equity. That every woman has the inherent right to social and economic justice and that every woman has the right to self-determination and a right to contribute to society in her own way.

Grant House recognizes that all women face misogyny and sexism; however some bear an additional burden of oppression due to racism and other forms of discrimination.

GRANT HOUSE recognizes that all members of non-dominant racial and ethno-cultural groups suffer from racism and systemic discrimination.

GRANT HOUSE recognizes that each group experiences discrimination and racism differently depending on the history of each group, the power and privilege it holds, and how visible its members differ from the dominant group in Canada.

GRANT HOUSE’s analysis of racism recognizes the dynamics of power and privilege and how these tools serve to perpetuate racial oppression in society.

By signing below I acknowledge and will adhere to the content of this form and the framework in which the organization operates

_________________________________  ______________________
Name and Signature                                                                 Date

Street Haven Addiction Services
Phone: 416 960 9430  Fax: 416 920 3380
What Happens Next?

- Admission day
- Apply to Grant House
  - We will call to acknowledge your application
  - An assessment date is set
  - A recommendation will be made
- You arrive at detox and remain there for 3 nights
- Grant House staff will make arrangements for detox
- Once a bed becomes available, an acceptance letter will be sent
- You will be asked to call and check in weekly
- Follow through with recommendation
The Road to Recovery starts at Grant House

Attend Aftercare on Friday afternoons, and have six sessions with your counsellor. Begin meeting with your Addiction Case Manager in the community. Continue your formal involvement with Grant House for two years. Join the Grant House Alumnae and give back to others.

Start Here!

Arrive at Grant House

Orientation
First Week
Time to get to know the program, staff and residents.
- do not make or receive any calls, mail or visits
- do not leave the house without staff

Level One
Weeks 1-9
Time to begin to look at issues and changes you want to make and begin working with your counsellor. Also time to attend to any health problems.
Privileges:
- receive and make phone calls and have in-house visits (two adult visitors at a time)
- go on walk-and-talk accompanied by a Level Two or Three

Level Three
Weeks 18-25
Time to review and maintain gains made in Levels One and Two.
Time to arrange appropriate housing and support for post-Grant House
Arrange school, job, volunteering, etc.
In Week 25, plan your ‘giving’ at Grant House—donating your time Thursday evening and Saturday to take the Level Ones on outings in the community.
Privileges:
- You may have two weekend passes per month and one overnight
You will be assigned an Addiction Case Manager who will be able to provide support to you in the community after you graduate.

Level Two
Weeks 10-17
Time to develop a deep understanding of the program and to work in-depth on your issues. You will be expected to maintain the gains made in Level One and to start setting goals for the future with your counsellor.
Privileges:
- attend appointments on your own
- attend 12-step meetings on your own
- have increasing amounts of free-time, starting with four hours on a Thursday and four hours on Saturday.
- after four weeks as a Level Two, you may receive one Overnight and then one weekend pass.
- Apply for Level Three in Week 17.
Your progress through the levels, and the amount of free-time available to you will be based on your involvement and commitment to the program. They are privileges you earn.

Graduate from Grant House

Separation Week
Week 26
Your separation group, in which you formally say goodbye to your fellow residents and staff, will take place one week before your graduation. The Separation Week is designed to give you free time to get ready to transition out of Grant House and into your new housing.