

Application for the Wandalgu Residential Program

<p>Required Identification You must have one of these documents</p> <ul style="list-style-type: none"> <input type="checkbox"/> Medicare Card <input type="checkbox"/> Drivers Licence <input type="checkbox"/> Passport 	<p>Supplementary <i>Providing these additional documents will allow a faster processing time.</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Medical Supporting documents <input type="checkbox"/> Income Statements <input type="checkbox"/> Other supporting evidence
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MAIN APPLICANT DETAILS

You must use your current legal name

Title	
First Name	
Middle Name	
Surname	
Date of Birth	
Sex (Male or Female)	
Centrelink Reference Number	
Country of Birth	
Are you of Aboriginal or Torres Strait Islander descent?	
What is the main language you speak at home?	

CONTACT DETAILS

Phone Number	
Alternate Contact Number	
Email Address	
Current Postal Address	
Current Home Address	

Income and Assets of Main Applicant

What is your income before tax?

Type of Income	Payment Frequency (i.e. weekly, fortnightly, monthly)	Amount of Income

What is the value of your savings/financial assets?
You are required to list each type of financial asset you own.

Type of Asset	Value of Asset

Do you make regular child support payments?

How do you pay?	Payment Frequency (i.e. weekly, fortnightly, monthly)	How much do you pay?
<input type="checkbox"/> Through the Child Support Agency		
<input type="checkbox"/> Directly to the person		

CURRENT CIRCUMSTANCES

Mark one box that best describes your living situation.

<input type="checkbox"/>	You are living in crisis, emergency or temporary accommodation (e.g. a refuge or motel)
<input type="checkbox"/>	You are staying with family or friends, but they cannot provide you with longer term accommodation
<input type="checkbox"/>	You have received a Notice of Termination, or a Warrant of Possession
<input type="checkbox"/>	You are leaving a hospital
<input type="checkbox"/>	You are renting a house, flat or unit
<input type="checkbox"/>	You are being released from jail or a detention centre
<input type="checkbox"/>	You own your own home
<input type="checkbox"/>	You are currently staying at Sun City Christian Centre's Supported Accommodation Centre

When will you be leaving the place where you are currently staying?

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MEDICAL/PERSONAL WELLBEING

For your assessment to be processed, you will need to undertake a Medical Assessment with your usual GP.

Has your assessment been completed?	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	No
If not, do you have a Doctor's Appointment for this to happen?	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	No

Do you, or any other person living with you have a disability or ongoing medical condition?

If yes, please provide the following information for each person:	
Full Name	
Disability or Medical Condition	
Medical or Support Services Required	
Full Name	
Disability or Medical Condition	
Medical or Support Services Required	
Full Name	
Disability or Medical Condition	
Medical or Support Services Required	

Do you, or any other person living with you, receive ongoing support from an organisation, program or person? (e.g. Mental Health, Drug & Alcohol services, Psychiatrist etc.)

	Yes
	No
If yes, please provide the following information for each person:	
Name of Person receiving support	
Name of organisation or program providing support (if relevant)	
Name of support worker or person	
Contact Phone Number	
Email Address (if known)	

FINANCIAL/LEGAL ISSUES

Do you, or any person living in your household, have a guardian (public or private)?

Name of Person who has a guardian	
Name of organisation or person who is the guardian	
Contact phone number	

Do you, or any person living in your household, have pending court issues?

Name of Person who has pending court issues	
Details of court issues including charges	

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Who is your Solicitor, Legal Aid or Aboriginal Legal Aid
Solicitor?

Contact Phone Number

Email Address

Are you seeking to be Bailed or Paroled to the
Wandalgu Residential Support Program?

Date of Bail Hearing or Parole Review Board Hearing?

Details of court issues including charges

Have you, or any person living in your household, ever
been charged with a crime against women or children

Name of Person who has been charged

Year charges were laid

Details of charges (including any fines or sentences
incurred)

Have you, or any person living in your household, ever
been charged with a violent crime (e.g. armed robbery,
aggravated burglary etc)

Name of Person who has been charged

Year charges were laid

Details of charges (including any fines or sentences
incurred)

Are there any other personal issues that currently need
attention (e.g. Financial, relationships, housing etc.)

Are there any other legal issues that currently need
attending to (e.g. Outstanding warrants, reporting,
custody)

Are there any other medical issues that currently need
attending to (e.g. Specialist appointments, ultrasounds,
upcoming operations)?

DRUG/ALCOHOL ISSUES

Please describe in detail your smoking, alcohol and other drug use.

Do you smoke cigarettes?	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%;"></td><td style="width: 50%;">Yes</td></tr> <tr><td></td><td>No</td></tr> </table>		Yes		No
	Yes				
	No				
If yes, how many cigarettes per day do you smoke?	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td></tr> </table>				
If you are not smoking now, but did in the past, when did you quit?	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td></tr> </table>				
Do you drink alcohol?	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%;"></td><td style="width: 50%;">Yes</td></tr> <tr><td></td><td>No</td></tr> </table>		Yes		No
	Yes				
	No				
When you drink alcohol, how much would you typically drink?	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"></td> <td style="width: 40%;">Amount</td> </tr> <tr> <td></td> <td>Type (e.g. Beer, Whisky, Spirits etc)</td> </tr> </table>		Amount		Type (e.g. Beer, Whisky, Spirits etc)
	Amount				
	Type (e.g. Beer, Whisky, Spirits etc)				
When was the last time you had a drink?	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td></tr> </table>				
How much did you drink at that time?	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td></tr> </table>				
If you use other drugs, what is the main substance you use?	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td></tr> </table>				
Pattern of use (e.g. daily, binge etc)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td></tr> </table>				
How long have you used this substance?	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td></tr> </table>				
How long has this been a problem for you?	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td></tr> </table>				
What date did you last use this substance?	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td></tr> </table>				
How much did you use?	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td></tr> </table>				
Have you ever injected before?	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%;"></td><td style="width: 50%;">Yes</td></tr> <tr><td></td><td>No</td></tr> </table>		Yes		No
	Yes				
	No				
Date last injected?	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td></tr> </table>				
What other drug have you used?	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td></tr> </table>				
Pattern of use?	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td></tr> </table>				
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How long has this been a problem for you?	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td></tr> </table>				
What date did you last use this substance?	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td></tr> </table>				
How much did you use?	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td></tr> </table>				
Describe in detail how your drinking or drug taking has affected you and your life?	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 100px;"></td></tr> </table>				

Treatment/Detox History

Have you ever previously attended Wandalgu Residential Support Program?	Yes, If yes when?
	No
Have you ever attended another Residential Rehabilitation Service?	Yes
	No
If yes, please provide the name of the service, the year that you attended and the duration of your stay.	
Did you complete the recommended duration of the program?	Yes
	No, If not why?
What are your reasons for wanting to attend residential treatment at this time?	
How long do you plan to stay at the Wandalgu Residential Support Program?	

BASIC MENTAL HEALTH SUMMARY

This section must be completed by a Support Worker, Health Care Provider or member of Sun City Christian Centre's Assessment Team.

Have you had any thoughts of suicide or self harm?	Yes
	No
If yes, how often do you have these thoughts or feelings?	Daily
	Weekly
	Occasionally
Please describe these thoughts in detail, how they make you feel and what you would normally do when you feel this way?	

Basic Mental State:

1. Appearance: (Normal, Posture, Eye Contact, Grooming, Attentiveness)

2. Psychomotor Behaviour: (Normal, Retardation, Agitation, Abnormal, Catatonic)

3. Speech: (Speech, Rhythm, Amount, Rate, Spontaneity, Volume, Articulation)

4. Mood & Affect: (Depressed, Sad, Happy, Euphoric, Irritable, Anxious, Neutral, Fearful, Angry, Apathetic, Pleasant, Frank, Open, Lively, Flat, Normal, Blunted, Superficial)

5. Thought Content: (Suicidal, Homicidal, Ideation, Obsession, Compulsions, Phobias, Delusion, Hallucinations, Illusions)

6. Thought Processes: (Coherent, Logic, Associations, Relevant, Irrelevant)

7. Cognition: (Orientation to time/place/person)

8. Insight (Includes nature and cause of problem, why it is continuing and how it could be resolved)

B. Disorders (DSM-5)

1. A basic check of criteria that may be present of some of the most important disorders related (co-existing) with substance use:
 - (i) Major Depressive Disorder

(ii) Social Anxiety Disorder

(iii) Posttraumatic Stress Disorder

2. Has any Cluster A or Cluster B Personality Disorders been formally diagnosed? If yes, specify:

3. Is any Psychosis present that is not substance induced?

Any other observations that may assist staff in assessing suitability for the Wandalgu Residential Support Program:

Name of Person Completing Assessment: _____

Position: _____

Name of Organisation: _____

Signature: _____

Declaration

- I understand the instructions given on this application
- To the best of my knowledge, the information provided in this application is correct
- I understand that there are penalties for giving false or misleading information which may include a loss of my inclusion in the Wandalgu Residential Support Program
- I understand and agree that this information may be shared by staff and case workers of Sun City Care Inc for the purposes of assessment and the development of my individualised case plan if I proceed with participation in the Wandalgu Residential Support Program
- I understand and agree that Sun City Care Inc. may contact those indicated on this form for the purposes of gathering information to make an informed decision about my eligibility on the program.

8. After the initial two-week settling in period, I agree that I will not keep a phone on my person but will be able to use it at my allocated phone usage times during the week. I acknowledge that these times will be set in place by the Supervisor and time limits will be applied. I agree to abide by all phone conditions as instructed by staff.

9. I agree to treat all participants on the program, their visitors, staff, case workers and volunteers of Sun City Christian Centre and anyone else involved in the project with respect. I will ensure that all members of my household, or anyone visiting me will also treat all people with respect. This includes not using any abusive, threatening or offensive language; no intimidating or threatening behaviour and no soliciting of any kind (including asking for money etc.).

10. I understand that there is no internet on site at Wandalgu for participants, although access can be made available at delegated times for online reporting, banking etc. I also understand that there is no free to air TV at Wandalgu and agree with abiding with this aspect of the program.

11. I agree that visitors will only be allowed to visit us on site, at the Wandalgu facility, with approval given by staff after I have been on the program for six weeks.

12. I understand that if I am accepted into the Wandalgu Residential Support Program I **must** provide the following items before I can commence at Wandalgu:

- \$250 Application Fee (Non Refundable)
- Urinalysis Report (Not more than 3 days old)
- 3 Months Medication in Webster Packs
- Current Income Statement and Centrepay confirmation

Declaration

- I understand the terms and conditions of this participation as outlined above
- I am entering into this agreement of my own free will and under no coercion
- By signing this form, I commit to following all the terms and conditions as outlined above.

Surname	
First and Middle Names	
Signature	
Date	
Witness Name and Signature	

Please Note

If you will have children in your care at Wandalgu, please complete the Additional Persons Information below for each child. Any adult who will be staying with you at Wandalgu will need to complete their own assessment for the program.

Additional Person Information

This section is to be completed by the main applicant. Please include the details of each person to be housed with you.

Details of any children under 18 years of age:

Child 1

Surname of Child	
First Name of Child	
Date of Birth of Child	
Relationship to main applicant	
Sex (Male or Female)	
Is this child of Aboriginal or Torres Strait Islander descent?	
Are there any custody, child protection or court issues associated with this child?	
If this child attends school, what year are they currently enrolled in?	
Name of school currently attending	

Child 2

Surname of Child	
First Name of Child	
Date of Birth of Child	
Relationship to main applicant	
Sex (Male or Female)	
Is this child of Aboriginal or Torres Strait Islander descent?	
Are there any custody, child protection or court issues associated with this child?	
If this child attends school, what year are they currently enrolled in?	
Name of school currently attending	

Child 3

Surname of Child	
First Name of Child	
Date of Birth of Child	
Relationship to main applicant	
Sex (Male or Female)	
Is this child of Aboriginal or Torres Strait Islander descent?	
Are there any custody, child protection or court issues associated with this child?	
If this child attends school, what year are they currently enrolled in?	
Name of school currently attending	

Child 4

Surname of Child	
First Name of Child	
Date of Birth of Child	
Relationship to main applicant	
Sex (Male or Female)	
Is this child of Aboriginal or Torres Strait Islander descent?	
Are there any custody, child protection or court issues associated with this child?	
If this child attends school, what year are they currently enrolled in?	
Name of school currently attending	