

**THE SALVATION ARMY
MAXWELL MEIGHEN CENTRE
TURNING POINT PROGRAM
RESIDENT SERVICE AGREEMENT**

I understand that I am being offered the opportunity to come into the Turning Point Addiction and Rehabilitation Program. I acknowledge that I am coming to work towards a "Turning Point " in my life, seeking wholeness, and freedom from chemical use and abuse. I realize that I am in need of help in these areas of my life, and I agree to accept the program on the following terms and conditions:

- I agree to stay at the Turning Point for the full *28 day program and then will continue on to the second phase at one of the following Centres: The Salvation Army Harbour Light, or any treatment Centre which will be beneficial to my recovery, at the discretion of Program Staff.**
- I will acquaint myself with The Turning Point Program rules and class schedules. I will participate in the program following the program directions fully and co-operatively as outlined. I realize that lack of participation and co-operation on my part may result in my dismissal from the program.**
- Disregard for the rules and regulations of not only the program but also of this Centre will indicate to us that I do not wish to complete the program therefore will not be considered for transfer to one of the other Centres and the second phase of the recovery continuum.**
- During my residency on the Turning Point Program I will attend all meetings, classes and pastoral care sessions as required. I also understand that no personal outside appointments is to interfere with this schedule. I agree to voluntarily perform such services and tasks, which may be assigned to me as part of the work therapy component of the program.**
- I agree that any properties furnished by The Salvation Army for my personal use while on the program (towels etc.) shall at all times remain the property of the Salvation Army and shall be surrendered upon request.**
- I further for myself, my heirs, or assigns that should any accident occur involving personal injury to myself or loss or damage to my property or effects during my residence in the program, hold The Salvation Army free and harmless from any and all liability in connection therewith.**

- All personal effects will be taken with me on departure from the Centre or it is agreed that they may be disposed of without prejudice. No article left by agreement with the Program Staff will be kept longer than three (3) days. The Salvation Army is not responsible or liable for any loss or damages whatsoever of my personal possessions.
- I understand that any act of violence or threat towards another resident or a staff member of this Centre will not be tolerated and is strictly forbidden and could result in being discharged from the Program.
- I understand that any possession of any weapons or replicas of weapons are strictly prohibited. Weapons or replicas brought into the Centre must be surrendered to the Program Staff.
- I understand that there is to be no smoking in the Program area of the Centre or in any other area of the Centre. I understand that if I am found smoking that I may be asked to leave the building. Any damage I do to the Centre property I will pay for and I understand that I will be restricted from any services at this Centre until the damage is paid in full.
- It is agreed that where personal income is available to me through personal resources, that payment for room and board at the current rate will be made to the program in advance (no personal needs allowance will be provided).
- I understand that if I am without a visible means of support assistance will be provided through a weekly allowance of varying amounts to assist with personal comforts and needs. This is in no way to be considered as payment for any work assignment required as part of the program.
- It is understood that I will abstain from the use of alcohol, illicit drugs or non-prescribed drugs, both in and out of the Centre. I also agree that while I am attending this program I agree that I will hand all prescribed medication into the Program Staff
- I understand that a treatment file will be completed during my residence in the program and could be forwarded to any other Salvation Army facility that I transfer to upon the completion of the first phase of the continuum at the Turning Point Program.
- I hereby give consent for a personal photograph of myself to be taken for my case file. This photograph shall remain the property of The Salvation Army Turning Point Program, 135 Sherbourne Street, Toronto, and Ontario.

- It is agreed that I will not be actively working or looking for employment during the program period of 28 days.

I realize that the Turning Point Staff will perform routine room inspections in order to check for cleanliness, or prohibited items. I hereby consent to have my assigned bed, and belongings inspected as a part of this routine. I also understand that if my room is not clean, or a prohibited item is found I could be asked to leave the program.

*Resident's admitted into the program may be required to re-start or have the program extended if they breach any part of their agreement. They may have their program extended if it is felt they are not ready to move onto the next phase. Therefore their program would be longer than 28 days and/or three months.

I hereby acknowledge that I have read and understand the above conditions of this "Resident Service Agreement". I am in full agreement of all the conditions set within this agreement.

RESIDENT

PROGRAM COORDINATOR

DATE

File: TPP021
Revised 01/29/01

**THE SALVATION ARMY
MAXWELL MEIGHEN CENTRE
TURNING POINT ADDICTION
REHABILITATION PROGRAM**

INFORMATION RELEASE

RE: _____
(Name of Resident)

Date of Birth: _____

I _____ hereby consent to the disclosure of information from my confidential file to the Turning Point Program Staff.

I understand this information will be kept confidential and used only by the Turning Point Program Staff for my benefit while a resident in this Program.

DATE: _____

SIGNED _____

WITNESS: _____

**THE SALVATION ARMY
MAXWELL MEIGHEN CENTRE
TURNING POINT PROGRAM**

**135 Sherbourne Street
Toronto, Ontario
M5A 2R5**

**Telephone: (416) 366-2733 Ext. 233
Fax: (416) 366-0166**

REQUEST FOR RELEASE OF INFORMATION

I _____ do hereby authorize: Salvation
Army Turning

Point Program

**To release/obtain/send the following information, for the purpose of the above
named man from/to :**

Harbour Light/ Probation and parole, Bail.

- | | |
|--|--|
| <input type="checkbox"/> Admission/Discharge Dates | <input type="checkbox"/> Discharge Summary |
| <input type="checkbox"/> Assessment Information | <input type="checkbox"/> Other |
| <input type="checkbox"/> Progress Report | |

Resident

Witness

Date

File: TPP04I

Revised 01/29/01