

**The Barnabas House**

517 McMillan Avenue, Winnipeg, MB  
c/o Nassau Street Church  
232 Nassau Street N  
Winnipeg, MB R3L 2H8

Phone: 204-475-3841 Email: admin@nassaustreetchurch.com

**Residential Program Application**

Return completed application to Nassau Street Church.

*PLEASE PRINT CLEARLY*

**General Information**

Name (First, Middle, Last): \_\_\_\_\_

Current Address: \_\_\_\_\_

City, Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Current Phone Number: \_\_\_\_\_

Date of Birth (d/m/y): \_\_\_\_\_ Age: \_\_\_\_ SIN: \_\_\_\_\_

Manitoba Health Number: Registration \_\_\_\_\_ PHIN \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Address: \_\_\_\_\_

City, Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Do you have coverage? Yes No If yes, MISC number: \_\_\_\_\_

Current Marital Status: Single Married Common-law Divorced Widowed

If married, common-law or divorced, Spouse's Name: \_\_\_\_\_

Names of Children: \_\_\_\_\_

**Environment**

Have you read the guidelines in its entirety? Yes No

Please comment on how you feel in general about the house rules.

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Are there changes you would like to make?

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Are you willing to obey the house rules in their entirety? Yes No

Do you understand that our approach is: No drugs, alcohol or cigarette? Yes No

How did you hear about Barnabas House?

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Do you understand that the Barnabas House will be free from drug and alcohol use, including smoking? Do you have any questions about this?

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Do you consider yourself a drug addict or an alcoholic?

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Specifically, what drugs have you used and for how long?

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Do you understand that the Barnabas House is a Christian environment and will have guidelines that will mean living accordingly? Yes No

What aspects of living in the Barnabas House appeal to you the most? (specify)

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What do you feel will be the greatest challenge to you about living in this type of home?

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Do you currently attend a church? Yes No

If yes, church's name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Pastor's name: \_\_\_\_\_

May we contact your pastor for a reference? Yes No

Are you willing to attend church regularly (as stated in the guidelines)? Yes No

### **Finances and Employment**

Are you currently employed? Yes No

If yes, where? \_\_\_\_\_

If no, please answer the following questions:

What is your current source of income? \_\_\_\_\_

What was your last full-time employment? \_\_\_\_\_

When was that employment completed? \_\_\_\_\_

What are you currently working at to become more employable? \_\_\_\_\_

\_\_\_\_\_

What skills do you enjoy using? \_\_\_\_\_

\_\_\_\_\_

List any special qualifications you have: i.e. St. John's Ambulance, lifesaving badge...

\_\_\_\_\_

\_\_\_\_\_

Do you understand that YOU are responsible for paying a monthly living fee and housing contribution? Yes No

### **Medical Information**

Are you seeing a medical or psychiatric doctor for any reason? Yes No

If yes, what was the last date you saw them and for what reason? \_\_\_\_\_

\_\_\_\_\_

Name of current physician: \_\_\_\_\_

Physician's address: \_\_\_\_\_

Physician's phone number: \_\_\_\_\_

Have you ever, or are you now, receiving psychiatric treatment? Yes No

If yes, for what purpose and for how long?

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What is the general condition of your health?

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Do you have any physical limitations that would hinder you doing normal manual labour? Yes No

Have you ever been treated for HIV or AIDS? Yes No

If yes, please give further information.

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Have you recently had any communicable diseases? Yes No

If yes, please give further information.

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Do you have high or low blood pressure? Are you subject to dizziness? Have you ever had cancer, diabetes, heart trouble, epilepsy, allergies? Yes No

If yes, please give further information.

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Do you require a special doctor prescribed diet? Yes No

Current weight: \_\_\_\_\_ Height: \_\_\_\_\_

### References

Please supply the names of two individuals we can contact on your behalf.

Reference #1: \_\_\_\_\_

Address: \_\_\_\_\_

City, Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Reference #2: \_\_\_\_\_

Address: \_\_\_\_\_

City, Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

May the Barnabas House team keep a picture of you on file for our records (not to be used for public use)? Yes No

### Thank you for applying to the Barnabas House.

Please deliver this to Nassau Street Church at your earliest convenience:

232 Nassau Street. North

Winnipeg, MB

R3L 2H8

*or*

admin@nassaustreetchurch.com

Please note: most admissions take 2 to 3 weeks to process and there will be an interview process.

## **Barnabas House Guidelines**

1. Each individual will be assigned a weekly or daily chore by the House Leader, and will complete the agreed task.
2. Each individual will assist in the cooking of a supper meal during the week as per schedule set out by the residents and the House Leader.
3. Each resident is expected to be home for supper on scheduled meal nights except where conflicting work schedules are involved.
4. Each resident will be assist with the grocery shopping as per the schedule determined by the House Leader and the residents. They will shop along with the House Leader on a weekly basis.
5. No smoking will be allowed inside the house.
6. Each resident is expected to regularly participate at Nassau Street Church, or a local evangelical Christian church that the House Leader is aware of.
7. Rent is to be paid at the beginning of the month or in two half payments on the 1<sup>st</sup> and 15<sup>th</sup> of the month, this is to be coordinated with the financial advisor on the Barnabas Team.
8. A joint bank account with the House Leader or member from the Barnabas Team will be required if occupant falls behind in rent.
9. Each resident is to take part in house meetings.
10. Each member is strongly encouraged to seek a form of service that he can be involved in each week i.e. Winnipeg Harvest, custodial work, community outreach etc. This is seen as vital to personal growth.
11. If you have a conflict in the home with another resident, the way you should deal with this is to discuss the problem with the individual without threats of violence. If this is unsuccessful involve the House Leader, and if you are still unable to solve the problem the Barnabas Team will be brought in.
12. Respect each others confidentiality and life.
13. The curfew is 11:00pm, and you are to return to the house each night. Exceptions must be cleared through the House Leader/Barnabas Team.
14. What is viewed (T.V., videos, internet etc.) and how much of each will be monitored by the House Leader/Barnabas Team. Restricted movies are not permitted.

15. Each resident will regularly discuss their growth and development with the House Leader and Barnabas Team. By living at the house the resident invites the counsel and friendship of house members and leadership to aid in his personal growth, seeing community as a vital role in recovery. Depending on the addiction, each member will be required to attend classes and groups specifically related to that area.
16. Use of unhealthy dependencies such as drugs, alcohol, gambling, pornography, and other sexual addictions will result in suspension or dismissal. You will not be allowed into the home under the influence.
17. Each occupant will be required to have at least 3 weeks of clean time before moving into the house.

I understand that in all areas listed above I will work together with the Barnabas Team, and will accept responsibility and accountability to work on these areas of my life.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Team Chair

\_\_\_\_\_  
Date

\_\_\_\_\_  
House Leader

\_\_\_\_\_  
Date