



Harmony House Resident Information Form



Harmony House is supportive housing for women who are pregnant or who are newly parenting and who are struggling with mental health and /or problematic substance use and who are in danger of losing their child to the Ministry. We work along side the women to prevent the apprehension of children and assist with the reunification of children with their mothers. Together with community partners we work to enhance parenting, social and life skills as well as a general sense of confidence and self-esteem. Women can stay up to one year and youngest child must be one year old or younger upon admission (some exceptions have been made, but this is up to the discretion of the coordinator).

We offer 24/7 days a week professional staffing: a registered nurse (Coordinator), an Early Childhood Educator, a Social Worker, an Outreach Worker, a grandmother who childminds as well as Indigenous support workers, all well educated in Fetal Alcohol Spectrum Disorder. All staff understand the intergenerational trauma brought on by the residential school system; one way of our past colonial policies to assimilate the Indigenous people. We facilitate healing by being culturally sensitive, women centered, strength based, trauma informed and by using the harm reduction approach. We provide bonding for mother and child by offering an encouraging parenting environment which nurtures the child and mother to reach their developmental milestones and full potential.

Programs at Harmony House are mandatory: we offer programs Monday throughout Friday: Morning Reflections, Encouraging Parenting, Striving for Balance , Health and Wellness Healthy Relationships, Art Heals, Elders Circles, Mothers for Recovery, Wellbriety, Safety Seeking , PEACE: a program to address needs of children aged three to eighteen who have been exposed to violence. Additional Programming consists of a physiotherapist coming to Harmony House to check the children's development, baby massage, individual and group trauma counseling. Clients also have chores and take part in meal planning and meal preparation as part of our life skills program.

Admission is first come, first served with exceptions made for urgent admissions. To be admitted to Harmony House, one only needs to call, or apply with our referral forms on our website: <http://www.harmonyhousebc.com> We take self-referral as well as referrals from our community partners. Harmony House has room for six women and their children. Most women who qualify for our program start at Phoenix Transition House (across the road from us), then move into Harmony House as space becomes available. If the client is local, we do an intake at Harmony House, if she is out of town, we do an intake over the phone. The intake is important for both the client and staff to see if it is a good fit. One must be willing to function in a communal setting and work towards sobriety, physical, mental, emotional and spiritual healing.

For anyone who wants to keep their children in their own care we say Welcome! Tel # 236 423 3335

Harmony House Resident Intake Form

Application Date: _____

Last Name: _____ First Name: _____ Date of Birth: _____

Applicants current telephone #: _____ Personal Health Number: _____

Community of Origin: _____ Current Address: _____

Band: _____ Clan: _____ Status #: _____

Highest Level Education: _____

Source of Income: Employed: _____ Social Assistance: _____ Disability: _____

Name and Tel #:

Physician _____ Tel #: _____

Nurse Practitioner _____ Tel #: _____

Support Workers: _____ Tel #: _____

Counselors: _____ Tel #: _____

MCFD Social Worker: _____ Tel #: _____

Psychiatrist: _____ Tel #: _____

Lawyer: _____ Tel #: _____

Obstetrician/Gynecologist: _____ Tel #: _____

Have you seen a physician in last 6 months? _____ Have you seen a counselor in last 6 months? _____

Are you pregnant? _____ How far along are you? _____ Expected due date: _____

Have you seen a doctor or nurse regarding this pregnancy? _____

If applicable would you like to see a midwife for your pregnancy _____ or a doula? _____

Do you intend to breast feed? _____ Are you currently breast feeding?: _____

History of past substance use: _____

When was last use? _____

What substances are you using now? _____

How many children do you have? _____

Please name them:

Name _____ DOB: _____ PHN _____ M/F

Name _____ DOB _____ PHN _____ - _____ M/F

Name children in care of Ministry _____

Name children in care of relatives: _____

Name children in your care _____

Reason children are not in your care? _____

Goals regarding children _____

We thank you for applying and sending in your referral letter by FAX. We will contact you within one week: make sure you have several phone numbers where we can reach you.. your own tel # or a tel # of a support worker.

Thank you

Harmony House: TEL: 236 423 3335 FAX: 236 423 2015