



# Canal Pointe

## Residential SUD Treatment Women w/Dependent Children

*Canal Pointe is Volunteers of America Southeast Louisiana's (VOASELA) evidence-based opioid and substance use disorder treatment and recovery model for pregnant and parenting women and their children.*

*VOASELA's trauma-informed services keep families together in residential treatment and partner with women in the community on their recovery journey. VOASELA's holistic and culturally responsive program treats women's chemical dependency, breaks the cycle of addiction, reunites families, and promotes the birth of healthy, drug-free babies.*

**\*\*\*\*\* Eligibility \*\*\*\*\***

Canal Pointe accepts pregnant and parenting women that use drugs and alcohol. Residents must meet the American Society for Addiction Medicine (ASAM) Criteria 3.5 or 3.1 and **NOT** be in need of detox.

To be eligible for admissions you must be pregnant or have minor children, ages 12 or under, that will reside with you at Canal Pointe within 30 days of your admission.

**\*\*\* Email referrals to [recovery@voasela.org](mailto:recovery@voasela.org) or fax to 504-708-1700 \*\*\***

**\*\*\*\*\* Referral Source Information \*\*\*\*\***

If this referral is being completed by any other person than the person seeking admissions, please complete this section.

Agency: \_\_\_\_\_ Name: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Does the person being referred know you are making this referral:                      Yes                      No

Details of referral (please include the reason for referral, any requirements from the referral source, and symptoms occurring and/or services requesting):

*Upon request and with valid ROIs, Progress Reports can be sent to your agency on a monthly basis.*

**Please note, if you do not send a signed Release of Information (ROI), allowing release of Substance Use Disorder Treatment Records, in compliance with 42 CFR part 2, Canal Pointe may not be able to continue communicating with your agency after the person referred is admitted to Canal Pointe. Residents have the right to decline signing ROIs.**



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\*\*\*\*\* Demographics \*\*\*\*\*

**Full Name (First & Last):** \_\_\_\_\_

**Birth Date:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Alternative Phone:** \_\_\_\_\_

**Physical Address:** \_\_\_\_\_

**Mailing Address (Note if Same as Physical Address):** \_\_\_\_\_

**Gender (Biological):** Female Male

**Sexual Orientation:** Asexual Lesbian, Gary or Homosexual Straight or Heterosexual  
Bisexual Something Else Don't know Choose Not to Disclose

**Gender Identity:** Female Transgender Other Unknown  
Transgender FtM Transgender MtF Refused

**Pregnant:** Yes No Unknown

**Race:** African American Caucasian Asian Native American  
Multiracial Unknown Native Hawaiian or Other Pacific Islander  
Other Hispanic Alaskan Native

**Ethnicity:** Central or South American Cuban Hispanic or Latino  
Not Hispanic or Non-Latino Hispanic or Latino Unknown Origin  
Mexican/Mexican American Puerto Rican Unknown

**Living Status (Living Situation):** Alone In Group Home or Halfway Home In Hospital  
Other In Residential Treatment In Transitional Housing Living with Family  
Living with Both Parents Living with One Parent Living with Friends  
Unhoused – Shelter Setting Unhoused – Living on the Street or Place Unfit for Human Habitation

**Martial Status:** Other Divorced Married Separated  
Single Unknown Widowed

**Tobacco User:** Current Smoker Former Smoker Never Smoked

**Preferred Language:** \_\_\_\_\_

**Other Language:** \_\_\_\_\_

**Ability to Understand English:** Able to Understand English In Need of Interpreter

**Military Status:** None Active Duty Veteran



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**Military Service:** None Air Force Army Marines National Guard Navy

**Family Military Status:** Parent Active Duty Parent Discharged

**Referral Source:** \_\_\_\_\_

**Employment Status:** Disabled Employed Full Time Employed Part Time or Contract  
 Homemaker In Armed Forces In Hospital Occasional/Seasonal Worker  
 In Jail/Prison or Training Institute Non-Competitive/Sheltered Employment  
 Retired Student Unemployed – Layoff  
 Unemployed – Looking for Work Unemployed – Not Looking for Work

**Occupation:** Not Applicable/Not Listed Homemaker Hotel/Hospitality Laborer  
 Unemployed Retail/Service Industry Restaurant/Service Industry Retired  
 Self-Employed Student Teacher Migrant Farm Worker

**Job Title:** \_\_\_\_\_ **Days Worked in the Past 30 Days:** \_\_\_\_\_

**Education (Highest Level of Education Completed):** \_\_\_\_\_

**Education Type:** Some High School High School/GED/HiSET Vocational or Trade School  
 2 Year College 4 Year College Graduate School Other

**Client Annual Income:** \_\_\_\_\_ **Annual Household Income:** \_\_\_\_\_

**Individuals in Household:** \_\_\_\_\_ **Individuals under 18 in Household:** \_\_\_\_\_

**Gross Monthly Amount:** \_\_\_\_\_ **Primary (Largest) Source of Income:** \_\_\_\_\_

**Source(s) of Income:** Child Support Disability/SSDI Kinship Care Subsidy Program (KCSP)  
 Financial Independence Temporary Assistance Program (FiTAP) None Other  
 Social Security (SSI/SSA) Supplemental Nutrition Assistance Program (SNAP)  
 Veterans Benefits Retirement Unemployment Wages/Salary Income  
 Financial Aid or Loans (college/vocational/trade school attendees)

**Do you have proof of income (as noted above):** Yes No

**Do you have valid, unexpired Identity Documentation (ID or Driver's License):** Yes No

**Insurance Plan (required):** Aetna Better Health AmeriHealth Caritas  
 Louisiana Humana Healthy Horizons Louisiana Healthcare Connections  
 UnitedHealthcare Community Plan Other (note name of plan): \_\_\_\_\_

**Insurance ID Number (required):** \_\_\_\_\_



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Emergency Contact (Full Name): \_\_\_\_\_

Relationship to Resident: \_\_\_\_\_ Phone Number (required): \_\_\_\_\_

Address (if known): \_\_\_\_\_

\*\*\*\*\* Substance Use Disorder Information \*\*\*\*\*

Last Substance Use (Type): \_\_\_\_\_ Last Substance Use (Date): \_\_\_\_\_

Amount: \_\_\_\_\_ IV (Syringe) Use in the past 30 Days?: Yes No

Currently Experiencing Withdrawal Symptoms from Alcohol, Benzodiazepine or Opioids? Yes No

Substance(s) of Choice: \_\_\_\_\_

Are you currently receiving Medication Assisted Treatment from a prescriber: No Buprenorphine  
Methadone Naltrexone Acamprosate Disulfiram  
Other: \_\_\_\_\_

Are you currently receiving medications for physical or medical conditions from a prescriber: Yes No

Are you currently receiving other psychiatric medications from a prescriber: Yes No

Do you have at least a two-week supply of all your medications with you at this time: Yes No

\*\*\*\*\* Children \*\*\*\*\*

How many children, ages 12 or under, will be admitted with you to Canal Pointe? \_\_\_\_\_

What custody documentation do you have for your child(ren)? Adoption Paperwork  
Birth Certificate Baptism or Other Religious Document Paternity Acknowledgement  
Self-Declaration None

Do you have immunization records for your child(ren) that will reside in Canal Pointe with you? Yes No

Do you have at least a two-week supply of all your child(ren)'s medications at this time: Yes No

Please include the names and ages of all children you would like to accompany you to Canal Pointe, and note any important information about them, like allergies or other medical needs

When would you like to be admitted to Canal Pointe (date): \_\_\_\_\_