



A safe place to heal

Last Name:		First:		Initial:	Gender: M F
Social Insurance Number:			Date of Birth:	Age:	Nickname(s):
Care Card:		Home Phone #:	Cell Phone #:	Other Contact #:	
Are you currently on or applying for <input type="checkbox"/> Social Assistance? <input type="checkbox"/> Disability? <input type="checkbox"/> EI? <input type="checkbox"/> Other?					
When do you need housing?			Do you have rent for current month?		

Clean and Sober? Low Barrier? Family?

1. Emergency Contact Information:

Additional Information Attached:

Last Name:		First:		Relationship:	
City:	Home Phone #:		Work Phone #:	Other Contact #:	

2. Medical Status:

Additional Information Attached:

List all medications you are currently prescribed:

Please describe any emergency health needs or medical diagnosis:

3. Professionals Involved:

Or N/A

Additional Information Attached:

Name:	Profession:	Agency:	Phone/email:
Name:	Profession:	Agency:	Phone/email:
Name:	Profession:	Agency:	Phone/email:



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4. Do You Have Children:

Child's Name:	Age:	Gender: M F
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Child's Name:	Age:	Gender: M F

Additional comments regarding children.

History of Drug Use

Drug(s) of Choice:

Date of last use:

Have you been to treatment? Yes No
 When? Where? Completed Yes No
 When? Where? Completed Yes No

Criminal History

Do you have any matters waiting to be heard in court? Yes No If yes, describe.

Are you on probation? Yes No If yes, describe.

Other

Are there any daily activities you may need assistance with or anything else we should know about that could affect your participation here? Yes No If yes, describe.

Is there anything preventing you from living cooperatively in a supportive communal environment?
 Yes No If yes, describe

Date of Application: _____

Signature of applicant: _____

Fax: 604-287-2007 or call for interview Jeanette 604-751-4631 Sharon 604-855-8322