

A safe place to heal

Last Name:	First:			Initial:	Gender: M F				
Social Insurance Number:		Date of Birth:		Age:	Nickname(s):				
Care Card:		me Phone #: Cel		1 Phone #:	Other Contact #:				
Are you currently on or applying for □ Social Assistance? □ Disability? □ EI? □ 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:		Relati	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:	Age	ncy:		Phone/email:				
Name:	Profession:	Age	псу:		Phone/email:				
Name:	Profession:	Ager	ncy:		Phone/email:				



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4. Do You Have Children:

Fax: 604-287-2007 or call for interview

4. Do You Have Clinu	1011.								
Child's Name:			Age:	Gender: M F					
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Child's Name:			Age:	Gender:					
				M F					
Additional comments reg	garding children.		I						
History of Drug Use									
Drug(s) of Choice:									
Date of last use:									
Have you been to treatn	nent? 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.									
Othor									
Other Are there any daily activities you may need assistance with or anything else we should know about that could affect your									
participation here? \(\subseteq \text{Yes} \text{No} \text{ If yes, describe.} \)									
Is there anything preventing you from living cooperatively in a supportive communal environment?									
☐ Yes ☐ No If yes, describe									
Date of Application:									
Signature of applicant:									

Jeanette 604-751-4631