



APPLICATION FORM – FIRST STAGE

(PLEASE PRINT)

Date of application:

Client Information

Name of applicant:		Preferred name (if different):		
Date of birth:	Age:	Care Card #:	Marital status:	Sobriety date
Address:				
City:	Province:	Postal Code:	Telephone:	Email:
Emergency Contact or next of Kin:			Relationship:	
Address:				
City:	Province:	Postal Code:	Telephone:	Email:
Does the applicant have any children? YES NO If YES, please complete sections below				
Is the applicant pregnant? YES NO If Yes, expected Due Date?				

Children

Names (write below)	Age (write below)	If under 19, what is the child's current living situation? (write below)
Please provide any relevant details regarding children:		

Substance Use History

	Drug of Choice?	Date Last Used	Typical Amount Used	Age at First Use
Alcohol				
Cannabis/ Marijuana (Medicinal)				
Crack Cocaine				
Cocaine				
Heroin				
Opioids				
Benzodiazepines				
Crystal Meth				
Amphetamines				
Hallucinogens				
Inhalants				
Methadone/Suboxone				

Treatment History

Please list all treatment programs you have attended

Name of program	Dates attended	Reason for leaving

Medical and Psychiatric History (Physical and Mental)

Physical Health Conditions:		
Health Conditions (Allergies) for which you have an official diagnosis (please supply note from doctor):		
Family Doctor:	Phone number:	Last visit:
Psychiatrist/Mental Health/Psychologist/counsellor/case worker:	Phone number:	Last visit:
<p>Do you have an existing diagnosed mental health conditions: YES NO</p> <p>If yes: please describe and provide medical documentation including medical clearance letter from practitioner stating you are medically sound to participate in our program.</p>		

Current Medications and Doses (in the last 6 months):

Capacity to Participate

Are you able to participate in recreation and chore duties? YES NO
If NO, provide details, why not?

Do you have a history of anger mismanagement or aggression: YES NO
If YES, provide details:

Have you ever attempted suicide or had suicidal thoughts? YES NO
If YES, please explain most recent occurrence:

Do you have any self-harm or eating disorder tendencies? YES NO
If YES, provide details:

Do you know of any alcohol or drug addiction in your family history? YES NO
If YES, provide details and date of last treatment:

Legal

Do you have a criminal record: YES NO
If YES, please explain:

Are there any current, outstanding warrants, charges and/or breaches against you? YES NO
If YES, location:

You must provide documentation of bail and probation orders. It is strongly encouraged that you make arrangements with your lawyer to push court date to after program completion. PLEASE NOTE: Transportation not provided by LIFE Recovery outside of Abbotsford. (3-5 months)

Are you currently on probation or parole? YES NO

If YES, please explain (please bring conditions of probation and or bail/order on intake):

Do you have any Special Dietary needs? YES NO

If YES, provide medical letter. LIFE Recovery may or may not be able to accommodate. We are limited in our ability to provide clients with special dietary preferences beyond our Fraser Health approval dietary meal plans. However, we provide limited storage space for clients to bring their own food specific supplements, at their own cost.

PROGRAM AGREEMENT WITH L.I.F.E. RECOVERY ASSOCIATION (REQUIRED)

I, _____, have read and fully understand the conditions for admission to the LIFE Recovery program. I authorize LIFE Recovery to obtain any pertinent information required for my admission. I further understand that this is a Christian program and am able to fully participate in all aspects of it.

Signed this _____ day of _____, 20____

Signature: _____



FUNDING INSTRUCTIONS

We require confirmation that funding is in place prior to your arrival. Please indicate which payment plan you are subscribing to:

- (1) Ministry of Social Development and Social Innovation (MSDSI): If the applicant is on Income Assistance an application can be made to Ministry of Social Development and Social Innovation (See attached form: *Confirmation of Income*, MSDSI). Applicants should be aware that their rent will be covered while in treatment for up to three months (to a maximum of \$375 per month). **Please complete the form on the next page.**
- (2) Self pay: The applicant must provide a signed agreement below indicating that she is prepared to pay for the LIFE Recovery Association program. Payment is required upon arrival at LIFE Recovery Association. "Self-pay" applicants are also responsible for paying for all medications while in the program. LIFE Recovery Association will provide detailed invoices documenting prescription costs. The monthly amount for "self-pay" clients is \$3,000 per month (\$100 per day). **Payment must be provided upon arrival to LIFE Recovery Association.**
- (3) Extended Benefits through employer: LIFE Recovery requires a letter from the applicant's benefits provider verifying that funding is in place. **Please have the Benefits Administrator from the applicant's employer submit a letter by fax (604-855-6744) confirming that the program will be paid.**
- (4) Employment Insurance (EI): The applicant may be eligible for Employment Insurance if employed within the last year. **The applicant must provide documentation from Service Canada stating eligibility.**

Self-Pay Agreement

I, _____, have read and fully understand the conditions for admission to the LIFE Recovery program, as per the payment plan listed above. I agree to provide payment and any supporting documentation as required.

Signed this _____ day of _____, 20____

Signature: _____



CONFIRMATION OF INCOME

The personal information requested on this form is collected under the authority of and will be used for the purpose of administering the *Employment and Assistance Act* and the *Employment and Assistance for Persons with Disabilities Act*. The information will be used for eligibility purposes. The collection, use and disclosure of personal information are subject to the provisions of the *Freedom of Information and Protection of Privacy Act*. Questions regarding the collection, use and disclosure of personal information, can be directed to an Employment and Assistance Worker by phone at 1-866-866-0800.

Service Provider Name LIFE Recovery Association	Fax Number 604-855-6744
Address 2693 Braeside Street Abbotsford, B.C. V2T 2R5	

Clients receiving assistance from the Ministry of Social Development and Social Innovation must inform the Ministry of their request to enter residential care/treatment prior to funding. The Ministry will process applications for funding once notified of the client's arrival on the date of admittance by the facility faxing the HR3319 to the Ministry of Social Development and Social Innovation.

Client Full Name		
Phone Number	Date of Birth	SIN Number

I hereby authorize the staff from the Ministry of Social Development and Social Innovation to release information from my file required to establish eligibility for funding. This includes any income received or pending, and any missing documents that might affect my eligibility.

Client Signature	Date Signed
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To be completed by ministry staff		
Does the client have an open file?	Yes	No
Is the client receiving any other income:	Yes	No
Source of income	<input type="radio"/>	<input type="radio"/>
Amount of income	<input type="radio"/>	<input type="radio"/>
Is the client pending any other income?	Yes	No
Source of pending income	<input type="radio"/>	<input type="radio"/>
Notes		
Ministry Staff Signature	Date Signed	
*Be advised information is accurate as declare to the Ministry as of the date signed.		