APPLICATION FOR SECOND STAGE RESIDENCY

Referral Checklist:	**Prior to Admission:**
☐ Completed Application of Residency	☐ Financial information
☐ Release of Information signed by Client	☐ Detailed schedule – first seven days
	☐ Resident Guide signed by Client as understood

Client's Full Name:	Preferred Name:
Date of Birth:	Current Address: Telephone Number:
PHN:	Funding Source (please circle): SA EI DIS SELF OTHER
Emergency Contact Information: Relationship to You:	Referred by (please circle): LIFE Recovery Self
Tell about your recovery journey in the last year?	Sobriety Date:
Have you gone through the LIFE Recovery Melmar House Resident Guide? YES/NO Do you understand the guidelines? YES/NO Are you willing to follow the guidelines? YES/NO	

Why do you want to live at the LIFE Recovery Melmar House?

What are your short term goals (within 3 months)?

1.

2.

3.

What are your longer-term goals (one-two years)?

1.

2.

3.

Do you have children? YES/NO

If yes, what are their names and ages?

What is the custody/access agreement in place?

Will your children be visiting? YES/NO

Are you willing to follow our guidelines regarding child visitation? YES/NO

What, if any, medications are you on? OR attach pharmacy print out/physician prescription (s)

Medication	**Dose**

Please tell us of any mental health issues that we ought to be aware of.

Please tell us of any physical health issues that we ought to be aware of.

Do you have any history of self-harm/eating disorder? If so, please describe.

Do you have any Outstanding Charges? YES/NO

If yes, please describe them.

Is there any other information that we should have, that will help us to support you in your journey of recovery? If yes, please explain:

Name of Client:	Name of Witness
Signature of Client:	Signature of Witness
Date signed:	Date signed:

Release of Information Form

I, _____ understand that all information gathered by LIFE Recovery staff is confidential and will only be shared with those persons or agencies for whom I have given permission.

I am aware that in some situations, information may be disclosed because it is required or justified by law or licensing requirements. Examples might include persons aware of child abuse, people aware of my intention to harm myself or another person.

The following people or agencies may be contacted for the purpose of assisting in my care and recovery.

Agency	Name	Contact Information	Client initials
MSP			
Family Doctor			
Alcohol and Drug Counsellor			
Mental Health Counsellor			
Psychiatrist			
Probation Worker			
Lawyer			
Ministry of Children and Family Development			
Other (ex. friends, family, etc.):			

_____ _____ _____

Client Signature Witness Signature Date