Cardinal Recovery Homes Application

Check the Recovery Home you are applying for?

- ☐ Slave Lake Recovery House
- ☐ Edmonton Women's Recovery House
- ☐ Edmonton Men's Recovery House
- ☐ Rainbow Healing Lodge

Name of Completed Addiction Treatment:

Location: | Completion Date: | Sobriety Date:

Legal Last Name: | **Legal First Name:** | **Middle Name:**

Other Name(s) Used, First and Last:

Date of Birth (YYYY-MM-DD) | Health Care Number: | Age:

☐ Male ☐ Female ☐ Other:

Mailing Address: | City/Town:

Province: | Postal Code:

No fixed address (please specify which City you reside in)

Primary Phone: | Email:

Ethnicity

☐ Status ☐ Métis ☐ Non-Indigenous

☐ Non-Status ☐ Inuit ☐ Other

Treaty Status (if applicable)

Band Name:

10 Digit Treaty Number:

Next of Kin (to be notified in case of emergency): | Relationship to the Applicant:

Phone Number: | Email Address:

Secondary Next of Kin: | Relationship to the Applicant:

Phone Number: | Email Address:

If prescriptions or ambulance services are required, how will they be paid for?
(Alberta Works, AISH, Blue Cross, Health Canada (INAC), etc.?)

Benefits Number:
(e.g.: AISH/Alberta Works File number, Blue Cross Benefits Number)

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Legal Matters

****All Legal Matters must be dealt with prior to moving into Cardinal Recovery Homes****

Please check off any conditions that apply and complete section below. (please attach any legal orders)

Federal	Provincial	
☐ Parole	☐ Probation	☐ Temporary Absence
☐ Statutory Release	☐ Recognizance	☐ Conditional Sentencing

Type of Offence:

Name of Parole/Probation Officer:	Parole/Probation Officer's Agency:	Telephone Number:

If you have a history of criminal convictions, list the type of approximate dates and conviction(s)

Recent charges from the past year. (We may require supporting documentation)

If currently under the care of a Doctor/Psychologist/Psychiatrist, complete the following boxes below:

	Name:	Phone Number:
☐ Doctor ☐ Psychologist ☐ Psychiatrist		

What are your plans while in the Cardinal Recovery Homes?

- ☐ Work
- ☐ School
- ☐ Meetings
- ☐ Other (explain)

Is there anything else you want to share about yourself?

By submitting your application, you agree that you have read and understand that if accepted into the Cardinal Recovery Homes, you agree to the rules & regulations. Rent will not be refunded if an individual is required to leave. Cardinal Recovery Homes will conduct random drug testing. Any resident suspected of using alcohol or drugs, or abusing prescriptions, displaying disruptive behavior or nonpayment of monies can be evicted by a majority vote of the house membership or by PML Staff. You agree that within 72 hours (3 days) of leaving residence, voluntarily or otherwise, you will remove your personal belongings. **The security deposit will not be refunded** if the resident is evicted for the above clause. I also understand that any false answer on any of the above is grounds for eviction from Cardinal Recovery Homes, and I consent to the release of any confidential information regarding my personal history, medical history, treatment, and/or any information deemed necessary by the Cardinal Recovery Homes. This authorization and request are intended confidential for the specific purposes of Cardinal Recovery Homes only

_____	_____	_____
Print Name	**Signature**	**MM/DD/YY**