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 goals while in the Cardinal Recovery Homes?

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

Is there anything else you want to share about yourself?

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Applicant Declaration and Consent

By submitting this application, I confirm that I have read, understood, and agree to comply with the rules and regulations of Cardinal Recovery Homes upon acceptance.

I acknowledge and consent to the following:

- **Drug and Alcohol Policy:** Random drug testing may be conducted. Residents suspected of substance use, disruptive behaviour, or nonpayment may be evicted by house vote or PML Staff.
- **Personal Belongings:** I will remove all personal items within 72 hours of leaving the residence.
- **Disclosure:** False or misleading information may result in eviction.
- **Information Release:** I authorize Cardinal Recovery Homes to access and share relevant personal, medical, and treatment information for program purposes.
- **Rent and Deposit:** Rent is non-refundable. Security deposits will not be returned if eviction occurs under these terms.

This consent is confidential and intended solely for operational, therapeutic, and administrative use, in accordance with Alberta's privacy legislation.

Print Name	Signature	MM/DD/YY