



Iskwew Healing Lodge Application

Check the Recovery Home you are applying for?			
Iskwew 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 Parole Statutory Release	Provincial Probation Recognizance Temporary Absence 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)		
Do you have Child Welfare involvement? Yes No Worker's Name: Phone Number:		
If currently under the care of a Doctor/Psychologist/Psychiatrist, complete the following boxes below:		
Doctor Psychologist Psychiatrist	Name:	Phone Number:
Doctor Psychologist Psychiatrist	Name:	Phone Number:
Do you have any special needs or problems that we need to be aware of? (reading and writing English, wheelchair accessibility, hearing difficulties, problem with stairs and long corridors) No Yes, provide details:		
Are you seeing a doctor regularly for any reason, including refilling medication? No Yes, provide details:		
Describe current medical problems (e.g.: chronic health issues, recent surgery, injuries, pain, etc.)		



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Have you been hospitalized in the past 12 months? No Yes, provide details:
Have you ever experienced mental health concerns? (e.g. panic attacks, hallucinations/delusions, uncontrollable rage, mood swings, mental illness, etc.) No Yes, provide details:
Have you had any thoughts of suicide and/or have you self-harmed? No Yes, describe in detail:
Have you attempted suicide? No Yes, describe in detail:
Personal Goals
What are your plans while in the Iskwew Healing Lodge?
Is there anything else you want to share about yourself?

To be eligible for admission to the Iskwew Healing Lodge, you must have completed a treatment program and maintained sobriety since completion.

You are required to provide a current and valid Alberta Health Care number on your application form. Iskwew Healing Lodge is a funded program that allows Alberta residents to access this service at no cost.

Print Name

Signature

MM/DD/YY