

# Client Application



First Name : \_\_\_\_\_ Last Name: \_\_\_\_\_

Previous Address: \_\_\_\_\_

Current Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Health Card Number (#/Province): \_\_\_\_\_ SIN # \_\_\_\_\_

Emergency Contact/Relationship: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_

Gender FEMALE \_\_\_\_\_ MALE \_\_\_\_\_

Are you registered with 'Assured Income for the Severely Handicapped (AISH)'? YES \_\_\_\_\_ NO \_\_\_\_\_

Are you registered with Alberta Works Income Support? YES \_\_\_\_\_ NO \_\_\_\_\_

Do you have a valid Driver's Licence? YES \_\_\_\_\_ NO \_\_\_\_\_ # \_\_\_\_\_

Do you own a car? If yes, please add license plate number YES \_\_\_\_\_ NO \_\_\_\_\_ # \_\_\_\_\_

Are you currently employed? YES \_\_\_\_\_ NO \_\_\_\_\_

Any pending legal issues? YES \_\_\_\_\_ NO \_\_\_\_\_ (If Yes, Please explain below)

\_\_\_\_\_  
\_\_\_\_\_

List any (current) Parole/Probation Officers and contact #s: \_\_\_\_\_

What is your substance of choice? \_\_\_\_\_ (Please list below)

The last date of use: \_\_\_\_\_

Have you ever been in a Treatment Facility? YES \_\_\_\_\_ NO \_\_\_\_\_ (If Yes, Please list below)

\_\_\_\_\_

Are you taking any prescribed medications? YES \_\_\_\_\_ NO \_\_\_\_\_ (If Yes, Please list below)

\_\_\_\_\_

Have you been in a Recovery House or similar? YES \_\_\_\_\_ NO \_\_\_\_\_ (If Yes, Please list below)

Do you have a Social Worker or counsellor? YES \_\_\_\_\_ NO \_\_\_\_\_ Their Name and # \_\_\_\_\_

Homes 4 Hope Sober Living Facility utilizes the pharmaceutical services of **Delton Super Drugs** for the perscription needs of our clients. Do you agree to use their services? Yes \_\_\_\_\_ NO \_\_\_\_\_

Preferred move in date \_\_\_\_\_

**Please read, initial and sign to indicate your understanding and agreement regarding the housing program at Homes 4 Hope Sober Living Facility:**

The Homes 4 Hope Sober Living Facility program requires a **\$350.00** security deposit/admin fee.

\_\_\_\_\_

Bed fee is \$700.00 monthly. Bed fee arrears can and will result in eviction.

\_\_\_\_\_

**NOTE: Client must provide 30 days minimum written notice when leaving otherwise there is no refund of bed fee.**

\_\_\_\_\_

**Any use of Drugs and/or Alcohol is strictly prohibited and will result in immediate eviction from our residence(s).**

\_\_\_\_\_

Services provided: Housing, Recovery Phase Transitions Program

\_\_\_\_\_

Accommodation & Amenities: Internet, cable, utilities, unit TV, living room couches, media console table, bed frame bed mattress, no-pay washer and dryer, parking spot

\_\_\_\_\_

Meals: Food hampers are by request only and are provided by Edmonton FoodBank. Clients will prepare their meals at their own discretion in their assigned suites.

\_\_\_\_\_

I have read all the material on this application, and answered each question honestly. I have a **sincere desire to live Clean and Sober**, and achieve comfortable recovery from alcoholism and/or drug addiction without relapse.

\_\_\_\_\_

**Signature:**

\_\_\_\_\_

**Date:**

\_\_\_\_\_

**Witness:**

\_\_\_\_\_