8 PILLARS RECOVERY FOUNDATION

ADMISSIONS APPLICATION

admissions@8pillars.ca • All information is required on application

APPLICANT INFORMATION

Name: _____ D.O.B. (M/D/Y): _____

Male / Female / Non-Binary: _____

Phone:_____ Email: _____

AHC#: _____ Metis/ First Nation/Inuit: _____

Are you in treatment? ☐ Y ☐ N Are you homeless? ☐ Y ☐ N

Are you involved in recovery community? ☐ Y ☐ N

When are you ready to be admitted? (M/D/Y) _____

Please provide list of substances you have had a history of using in the past:

Have you completed treatment for addictions in the last 12 months? ☐ Y ☐ N

Where? _____ Length of program _____ Completed ☐ Y ☐ N

When is you clean date from all substances? (M/D/Y) _____

Do you require detox? ☐ Y ☐ N

FINANCIAL

Are you currently Employed? ☐ Y ☐ N Are you on income support? ☐ Y ☐ N

Please provide source of income ABW/ AISH/ OTHER: _____

Amount: _____ File # _____ Treaty # _____

ADDITIONAL SUPPORT NEEDS

Do you have identification? ☐ Y ☐ N

What is your mode of transportation? _____

Do you have family supports? ☐ Y ☐ N Who? _____

What do you hope to obtain from participating in our program?

Please provide an emergency contact?

Name: _____ Relationship: _____ Ph: _____

CONSENT & DECLARATION

Do you consent to 8 Pillars Recovery Foundation contacting any of the for mentioned agencies should it be required to support your intake and application? This may include but not limited to:

AHS, Alberta Justice, Pharmacy, income supports, Aish, EAP, Detox facilities, Addiction Treatment Agencies?

Do you consent? ☐ Y ☐ N Signature _____ Date _____

Do you agree that all information you have provided is accurate? ☐ Y ☐ N

8 Pillars Recovery Foundation is committed to serving our community by offering safe recovery housing options.

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