

8 Pillars Recovery Foundation

ADMISSIONS APPLICATION

Intake# 780-335-2911

Email: admissions@8pillarsrecoveryfoundation.com

ALL INFORMATION IS REQUIRED ON APPLICATION

Name: _____ D.O.B _____ (M/D/Y) Male /Female /Non-Binary

(Please provide best number to reach you) Required

Ph: _____ 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 # _____

MEDICAL

Do you have any medical issues? (Please list) _____

Have you been diagnosed with a mental health issue? Y N

Please list diagnosis _____

Do you have clinical support in place to support your mental health? Y N

Who are your supports? _____

Do you have a family doctor Y N Name: _____

Do you need a family doctor? Y N

Do you require any special needs or equipment Y N

What do you require? _____

Please list all medications you are currently prescribed: _____

Have you been taking your medication as prescribed? Y N

(8 Pillars Recovery Foundation will provide a free consultation with our medical/ pharmaceutical team to ensure you are provided the best care to support your long-term recovery plan)

Name of your pharmacy: _____ Location: _____

LEGAL

Do you have any current legal matters? Y N Where _____

Court dates: _____ Location _____

Are you on probation or parole? Y N

Have you ever been convicted of a sexual offence? Y N

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; _____

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

and affordable sober living housing. By agreeing to our terms and conditions you understand and accept the responsibilities of remaining alcohol and drug free while in our program.

Your privacy is also important to us and 8 Pillars Recovery Foundation abides by the rules and regulations of the Freedom of Information and Protection of Privacy Act (FOIP).