



# Resident Admission Application

*I ensure that all the information I am giving in this application is true. I understand that if any of the information that I have given is found false (or pertinent information omitted), it will result in loss of eligibility to the Adeara program. Please be advised Adeara is a long term recovery centre and requires a minimum commitment of 6 months to programming.*

**Please answer EVERY QUESTION, write "not applicable" if the question does not apply to you. Please write CLEARLY and LEGIBLY.**

## **Personal Information**

Legal Name:

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Preferred Name:

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Date of Birth and Age:

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Marital Status (Single, dating, married, divorced, widow, common law):

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Email (required):

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Phone Number (s):

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Who does this number belong to?:

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Alternative phone number you can be reached at and whose number is this:

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Current living situation:

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What culture do you identify with? (e.g. Caucasian, Asian, Indigenous, etc)

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How did you hear about Adeara?

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## ***Substance Use***

What is your drug of choice?

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How long have you been using?

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Please describe your pattern of use (how often, how much, etc):

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Date of last use:

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Do you use any other drugs? (if yes, specify):

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Are there any other addictions you struggle with? (ie. gambling, sex addiction, porn, internet, eating disorders, food addiction, shopping, relationships, etc):

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## ***Treatment History***

Have you been to treatment before? If yes where? (list all):

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Approximate date(s) of each treatment centre:

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Did you complete their program?

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How long did you remain in recovery after attending this treatment program?

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Why do you want to attend residential treatment at Adeara?

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## **Health**

Do you have any special needs we need to be aware of? (mobility access, vision or hearing impairments, etc):

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Do you have any allergies? (foods, medication, environmental):

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List ALL medications that you are taking (including all over-the-counter drugs – vitamins, herbal medicines, Tylenol, etc):

**Note: Adeara does not allow Methadone or Suboxone. All clients must be off these medications for minimum 60 days (proof required).**

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Do you have any MEDICAL issues? (communicable diseases, etc):

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Do you have any MENTAL HEALTH issues? (please list or describe):

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Have you ever been professionally diagnosed (by a medical professional)? If yes, when was the diagnosis:

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Are there any medications that you are currently taking for your mental health issue?

Please specify your medication(s):

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## **Family**

Do you have any children?

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Are they in your care/custody? Where are they currently living? :

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Are you pregnant? (If yes, please include due date if known):

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Does the father have any custody of children?:

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*Children age 10 or younger may be eligible to live at Adeara once the mother is stabilized.* Are you interested in having your children at Adeara?:

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What is your children's age/gender/first and last name?:

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Any other pertinent information about your children?:

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## **Legal**

***Please be advised that Adeara may request supporting documents for all legal information listed below. As previously mentioned, if any of the information given is found false or pertinent information omitted, it will result in loss of eligibility to or dismissal from the Adeara program.***

***Adeara houses women and children. The severity of your charge(s) will determine your acceptance to the program.***

Are you currently incarcerated? If yes, what is your ORCA number?:

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Do you have a criminal record? If yes, what for?:

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Are you facing any current charges? If yes, what are the charges?

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***Clients with probation or parole orders be advised: Adeara will require a copy of your conditions prior to acceptance and/or entering the Adeara program.***

Are you currently on probation? If yes, what are the conditions of your probation?:

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Are you currently on parole? If yes, what are the conditions of your parole?:

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Do you have upcoming court dates? If yes, when are your court dates and what are they regarding?

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Do you have a lawyer? Please include their name (first & last) and phone number:

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Please check "yes" to give consent to an Adeara Staff to contact the lawyer listed above and discuss intake details (if necessary):

Yes, I give my consent

No, I do not give my consent



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Additional Notes / Information:

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**Miscellaneous**

Do you have a Support/Social Worker? If yes, please provide their name (first & last) and phone number so we may contact them in regard to your application.

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Do you currently owe any debts? Please specify approximately how much

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Do you have any gang affiliation?

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Do you have any family or friends with gang affiliation? Please elaborate.

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Is there any other information you believe is important for Adeara to know?:

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EMAIL THIS COMPLETED DOCUMENT TO [office@adeara.ca](mailto:office@adeara.ca) OR FAX 780-429-1090.

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Resident Name

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Resident Signature

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Date Signed

**Please note:**

- **Submitting this application does not guarantee a bed at Adeara. This is the first step after being on the Wait List.**
- **Ensure all 7 pages are emailed/faxed in order.**
- **The Clinical Team will not review an application until BOTH documents have been completed (Admission Application and Service Contract – see at [www.adeara.ca](http://www.adeara.ca)). If either document is sent in incomplete, you will be asked to resend the document.**
- **If this application has been printed off and completed on paper please send this document as 1 file (eg. PDF formatting). Photographs of application will not be accepted.**