

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

First & last name: _____

Preferred name: _____

Date of birth and age: _____

Marital status (single, dating, married, divorced, widow, common law): _____

Email (required): _____

Phone number(s): _____

Who does this number belong to? _____

Alternative phone number you can be reached at and who the number belongs to:

Current living situation: _____

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

How did you hear about Adeara? _____

Substance Use

What is your drug of choice? _____

How long have you been using? _____

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

Date of last use: _____

Do you use any other drugs? If yes, specify which. _____

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

Treatment History

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

Approximate date(s) of each treatment centre: _____

Did you complete their program(s)? _____

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

Why do you want to attend residential treatment at Adeara? _____

Health

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

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

List ALL medications 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).*

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

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

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

Are there any medications that you are currently taking for your mental health issue? Please specify your medication(s).

Family

Do you have any children? _____

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

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

Does the father have any custody of children? _____

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?

What is your children's age, gender, and first and last name(s)? _____

Any other pertinent information about your children? _____

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? _____

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

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

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? _____

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

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

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

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

Additional notes / information: _____

Miscellaneous

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

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

Do you have any gang affiliation? _____

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

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

EMAIL THIS COMPLETED DOCUMENT TO office@adeara.ca OR FAX 780-429-1090.

Resident Name

Resident Signature

Date Signed

Please read carefully:

- Submitting this application does not guarantee a bed at Adeara. This is the first step of application.
- Ensure all 5 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). If either document is sent in incomplete, your application will not be processed. An email will be sent to you advising you when we have received both of your forms (i.e. admission application and service contract).
- If this application has been printed off and completed on paper, please send this document as 1 file (e.g. PDF formatting). Photographs of application will not be accepted.