

## **This form is the first step in applying to Set Free Recovery.**

It allows the Intake Coordinator to review an applicant's eligibility to our Program.

The form collects basic personal, legal, health, and substance-use information to ensure applicants meet the program's admission criteria and are prepared to engage in recovery.

Before You Apply Applicants must meet the following criteria:

- 19 years or older
- Able to participate fully in the program (both cognitively and physically – the site is not wheelchair accessible)
- Commit to at least 3 months in the program
- Have valid ID (BCID, Status Card, Birth Certificate, Driver's License, or Passport)
- Approved Medical Services Plan (MSP) coverage
- No arson convictions
- No violent or sexual offence convictions within the last 10 years
- If on OAT: must be stabilized on Methadone Suboxone or Sublocade (Kadian, safe supply not accepted)

1. Applicant Information Full Name:

Preferred Name:

2. Date of Birth DD/MM/YYYY:

3. Phone:

Alt Phone:

4. Email:

5. Mailing Address: City Province

Referral Source How did you hear about Set Free Recovery

(check one) ☐ Self / Friend / Family ☐ Health Authority / Mental Health & Addictions Team, Social Worker, Addictions Counselor ☐ Corrections (Probation, Parole, Bail Supervisor) ☐ Other: \_\_\_\_\_

If referred to by an agency or worker, please provide:

Name:

Organization:

Phone/Email:

Legal Status Are you currently:

☐ On probation / parole – Officer Name & Contact: \_\_\_\_\_

☐ On bail – next court date: \_\_\_\_\_

☐ Incarcerated – details: \_\_\_\_\_

\* Detoxed \_\_\_\_\_

☐ None of the above

Substance Use & Treatment

Primary substance of concern:

Date last used:

Are you on OAT? ☐ Yes ☐ No

If yes, which: ☐ Suboxone ☐ Sublocade ☐ Methadone

Health Information

Do you have diagnosed mental health conditions? ☐ Yes ☐ No

If yes, please list: \_\_\_\_\_

Primary physician/clinician: \_\_\_\_\_ Phone: \_\_\_\_\_

Identification Type of ID provided: ☐ BCID ☐ Status Card ☐ Birth Certificate ☐ Driver's License ☐

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Submit to: [richard@setfreerecovery.ca](mailto:richard@setfreerecovery.ca) If you have questions while filling out this form, please email [richard@setfreerecovery.ca](mailto:richard@setfreerecovery.ca) OR call 778-241-1499

We will review your information. Please call 778-241-1499 on the next Tuesday or Thursday to review your application.