

Addictions Recovery Inc.

Application Form

Phone: 204-586-2550
Fax: 204-589-8977
info@addictionsrecovery.ca

Date: _____

Name: _____ Phone: _____
(First) (Last)

Address: _____
(street # & name) (Community) (Postal Code) (Province)

Date of Birth: _____ Age: _____ Place of Birth: _____

Education: _____

Work / Job Skills: _____

Marital Status: Married Common-law Separated Divorced Never married Widowed

Referral Source (AFM, Anchorage, Corrections, Self): _____ Completion Date: _____

Have you been an ARI Client before? Yes No. When: _____

Are you currently involved with Child & Family Services? Yes No

Legal System Involvement: Charges Pending On Parole On Probation None

Income Status on Admission: Employed Full-time Employed Part-time Retired

On EIA upon admission Applying for EIA On EI upon admission Applying for EI

Aboriginal Clients: Status Aboriginal Status Aboriginal living outside your First Nations Community

Non-Status Aboriginal Inuit Métis

MB Health Registration Number (6 Digit): _____

MB Health Personal Health Number (9 Digit): _____

What medication are you taking & for how long? _____

Doctor: _____ Phone: _____

Do you have Mental Health issues? Yes No. If yes, is it Diagnosed or Suspected

Do you have FASD? Yes No. If yes, is it Diagnosed or Suspected

Which Regional Health Authority do you fall under? Interlake-Eastern RHA Northern RHA

Southern RHA Prairie Mountain RHA Winnipeg-Churchill RHA

Are you in an Opiate Substitution Treatment Program? Receiving Methadone Receiving

Buprenorphine / Suboxone Accessing Public Services (M.O.S.T.) Accessing Private Services

What is the primary substance you are receiving treatment for? _____

What other substances have you used in the past 12 months? _____

Are you a smoker? Yes No.

Did you use injection drugs during the 12 months before you started treatment? Yes No

Have you ever had seizures? Yes No. Type: _____

How many times have you been in detox? _____

How many times have you been in treatment and where? _____

_____ Sobriety Date: _____

What 12 Step Group do you belong to? _____ Sponsor: _____

What was your Housing Status when you were admitted into treatment? Living in Stable Housing

Absolutely Homeless (i.e. had no fixed address) At risk of Homelessness

Emergency Notification: _____ Relationship: _____
(First & Last Name)

Address: _____
(street # & name) (Community) (Province)

Phone: _____

I hereby declare that the information provided is true and correct.

(Applicant's signature)

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(All Sections Must be Completed)

Do you require assisted living? **Yes / No.** If yes, please provide more details: _____

Please describe your mental health history:

What is your plan to maintain sobriety if you were to move into ARI? _____

Please provide us with more information about yourself and your journey of recovery.

(History, previous attempts, goals, and any other information you feel is important)

Applicant Name: _____

Applicant Signature: _____

ARI House Rules

1. No alcohol or non-prescription drugs allowed.
2. Certain prescription drugs are not allowed and could lead to discharge.
3. Anyone known to be drinking, using illicit drugs, or abusing prescription drugs, will be discharged from the house.
4. Residents must provide the house manager with all pertinent information regarding any prescribed medication and must inform of any changes made throughout their stay.
5. Physical or verbal abuse or threats will result in discharge from the house.
6. After a reasonable adjustment period, each resident is required to seek work, further their education or participate in extracurricular self-help/recovery programs.
7. Attendance of regularly scheduled in-house 12 Step Recovery meetings is mandatory.
8. Residents are mandated to attend 2 outside 12-Step Recovery meetings a week.
9. Participation and continuous work on short and long-term SMART (Specific, Measurable, Achievable, Realistic, and Timely) Goals.
10. Residents will review their progress with ARI staff periodically.
11. Residents must continually demonstrate a desire to grasp and develop a sober lifestyle.
12. Residents are responsible for their own belongings and keeping their room in good order.
13. Household chores are compulsory and shared equally by all residents.
14. All residents must be up and about, and have their beds made by 8:00 a.m.
15. Visitors are allowed between noon and 10:30 p.m. on the main floor only. **(Temporarily suspended due to Covid-19 health measures)**
16. All residents must be home by 12:30 a.m. weekdays and 1:30 a.m. Fridays and Saturday.
17. All rent and house fees are due by the first day of each month.
18. All residents must respect the confidentiality of others who live in the house. Disclosure of information about another resident will not be tolerated and may lead to discharge.

I have read and agree to follow all house rules. Applicant Signature: _____

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Disclosure of Covid-19 Vaccination.

Addictions Recovery Inc. (ARI) requires **ALL** clients and future clients to be fully vaccinated against Covid-19. ARI follows the Government of Manitoba’s recommendations and mandates in response to the Covid-19 pandemic. As a result, ARI will not accept applicants who are not **fully** vaccinated against Covid-19. ARI encourages clients and future clients to receive their Covid-19 booster shot once eligible, as outlined by the Province of Manitoba. If vaccine booster shots become mandatory by the Government of Manitoba to maintain a “Fully Vaccinated Status,” clients and future clients of ARI must comply with the mandate. Failure to maintain a fully vaccinated status will result in non-admission of applicants and discharge of current clients.

Please declare your vaccination status and circle the appropriate answer.

Are you fully Vaccinated against Covid-19? YES / NO

Have you received a Covid-19 booster shot? YES / NO

Please fill in your name and signature below to self-declare your vaccination status.

I _____ am fully vaccinated against Covid-19.

I _____ will provide proof of my vaccination status with my vaccination barcode or Shared Health account. (This includes future booster shots).

If Covid-19 booster shots become mandatory by the Government of Manitoba in order to maintain a fully vaccinated status, I _____ will receive my booster shot(s) once eligible as outline by the Government of Manitoba.

Date: _____

Applicant Print Name: _____

Applicant Signature: _____

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