

Addictions Recovery Inc.

Application Form

Phone: 204-586-2550

Fax: 204-589-8977

Email: info@addictionsrecovery.ca

Please submit completed application by email whenever possible.

SECTION 1: Must be completed by all applicants

Date: _____

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

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

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

Education: _____

Employment / Job Skills: _____

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

Referral Source (e.g. AFM, Bruce Oake, Corrections, Drug Court, Self): _____

Completion Date: _____

Have you been an ARI Client before? Yes No. If yes, when? _____

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

Legal System Involvement: Charges Pending On Parole On Probation None. Expected completion date (if applicable): _____

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

Currently receiving EIA Applying for EIA Currently receiving EI Applying for EI

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

Non-Status First Nations Inuit Métis

MB Health Registration Number (6 Digit): _____

MB Health Personal Health Number (9 Digit PHIN): _____

Doctor: _____ Phone: _____

What Prescribed Medications are you taking? Include dosage and for how long: _____

Describe your Mental Health history (if applicable). Is it Diagnosed or Suspected? _____

Do you have Fetal Alcohol Spectrum Disorder (FASD)? Yes No. If yes, is it Diagnosed or Suspected?

Do you have Community Living Disability Services (CLDS) or other support worker? Yes No

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

Southern RHA Prairie Mountain RHA Winnipeg-Churchill RHA

Are you enrolled in an Opioid Agonist Therapy (OAT) Program? Yes No.

If yes, are you receiving: Methadone Buprenorphine / Naloxone (Suboxone)

Manitoba Opioid Support & Treatment (M.O.S.T.) Program Private OAT Provider.

What is the Primary Substance you are receiving treatment for? _____

What Other Substances have you used in the past 12 months? _____

Do you Smoke or use Tobacco Products? Yes No

Injection Drug Use in the 12 months prior to this application: Yes No

History of Seizures: Yes No. If yes, type & details: _____

Number of Detox admissions: _____

Previous Treatment Programs (include locations): _____

Sobriety Date: _____

12-Step or Recovery Programs: _____ Do you have a Sponsor: Yes No

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: _____

Do you require Assisted Living? Yes No. If yes, please provide details: _____

What is your Recovery Plan to maintain sobriety if accepted into ARI? _____

Please provide Additional Information about yourself and your recovery journey. (History, previous attempts at sobriety, relative background, ambitions, goals, any other information you feel is important.)

I certify that the information provided in this application is true and complete to the best of my knowledge. I acknowledge that personal and personal health information collected by Addictions Recovery Inc. will be handled in accordance with The Personal Health Information Act (PHIA) of Manitoba and applicable privacy legislation.

Applicant's Signature: _____ Date: _____

SECTION 2: Must be completed by all applicants

ARI House Rules

1. No alcohol, cannabis, cannabis related products or non-prescription drugs allowed. _____ (Initial as read)
2. Certain prescription drugs are not allowed and could lead to discharge. _____ (Initial)
3. Anyone known to be drinking, using cannabis, cannabis related products, illicit drugs, or abusing prescription drugs, will be discharged from the house. _____ (Initial as read)
4. Residents must provide the house manager with all pertinent information regarding any prescribed medication and must immediately inform him of any prescription changes during their stay. _____ (Initial as read)
5. All medications must be stored in the medication cabinet located in each resident's bed area and this cabinet shall always be kept locked. _____ (Initial as read)
6. Physical or verbal abuse or threats will result in discharge from the house. _____ (Initial)
7. After an initial 'getting settled in period' of two weeks, residents are required to seek work, further their education, participate in extracurricular self-help/recovery programs, or complete ten hours of volunteer time at an ARI approved activity every week. _____ (Initial as read)
8. Attendance at regularly scheduled sharing circles & in-house meetings (Tuesday & Thursday) is mandatory. If you can't make it or will be late, you must call an ARI staff asap before the meeting starts for permission to miss. _____ (Initial as read)
9. Residents are required to attend a minimum of two outside 12-Step Recovery meetings every week. _____ (Initial as read)
10. Participation and continuous work on short and long-term SMART (Specific, Measurable, Achievable, Realistic, and Timely) Goals is required from everyone. _____ (Initial)
11. Residents will review their progress with ARI staff monthly, or sooner if staff believe it's warranted. _____ (Initial as read)
12. Residents are responsible for their own belongings and always keeping their room clean and in good order. _____ (Initial as read)
13. Household chores are compulsory, assigned by the House Coordinator, shared equally by all residents and completed daily. _____ (Initial as read)

14. All residents must be up and about, and have their beds made by 8:00 a.m. _____ (Initial)
15. Visitors are allowed between noon and 10:30 p.m. on the main floor only. _____ (Initial)
16. All residents must be home by 11pm Sunday to Thursday, and midnight on Friday and Saturday, unless otherwise pre-approved by an ARI staff. _____ (Initial as read)
17. Exterior front door keypad codes shall not be shared with non-residents. _____ (Initial)
18. Exterior front doors must be locked with the deadbolt by 10:00 p.m. nightly. Side doors must always be kept locked (dead-bolted). _____ (Initial as read)
19. All rent is due by the first day of each month. _____ (Initial as read)
20. 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. _____ (Initial)
21. Failure to honour the ARI Contract or abide by the ARI House Rules will result in a 'strike notice' being issued. Residents will be evicted if a third strike notice is issued. _____ (Initial)

I have read, understand, and agree to abide by all ARI House Rules.

Applicant's Signature: _____ Date: _____

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SECTION 3: Complete only if you're applying from a Correctional Facility, Bail Program or Drug Court Treatment

Answer all questions. If a question does not apply, answer with NA.

Date: _____

Name: _____

Release Date: _____

Will you be on Probation? Yes No. For how long? _____

Probation Officer's Name and Contact: _____

Will you be on Parole? Yes No. For how long? _____

Will you have a Curfew? Yes No. If yes, describe _____

What are your Release Conditions? _____

List Current and Pending Charges starting with the most recent:

1. _____
2. _____
3. _____
4. _____

Do you currently have a No Contact Order? (NCO): Yes No.

If yes, provide names: _____

Are you currently in a Program? Yes No. For how long? _____

When will you complete the Program? _____

What phase of the Program are you in? _____

Do you have a Reintegration Plan in place? Yes No.

Have there been any incidents while attending the program? If yes, please explain. _____

If you are involved with Child and Family Services, provide your Worker's Name and Contact Information.

I confirm that the information provided in SECTION 3 is accurate and correct:

Applicant's Signature: _____ Date: _____

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(05Mar26)