Client Application



First Name :	Last Name:				
Previous Address:					
Current Address:					
Date of Birth:					
Phone Number:					
Email Address:					
Health Card Number (#/Province):			SIN	#	
Emergency Contact/Relationship:					
Emergency Contact Number:					
Gender Are you registered with 'Assured Income for the Severely Handicapped	FEMA	LE	MALE		
(AISH)'? Are you registered with Alberta	Y	'ES	NO		
Works Income Support?	Ŷ	'ES	NO		
Do you have a valid Driver's Licence?	Y	'ES	NO	#	
Do you own a car? If yes, please add license plate number	Ŷ	'ES	NO	#	
Are you currently employed? Any pending legal issues?	Y	'ES	NO	(If Yes, Please explain below)	
List any (current) Parole/Probation Officers and conta		′ES			
What is your substance of choice?				(Please list below)	
The last date of use:					
Have you ever been in a Treatment Facility?	Ŷ	′ES	NO	(If Yes, Please list below)	
Are you taking any prescribed medications?	v	′ES	NO	(If Yes, Please list below)	
Are you taking any prescribed medications:	T		NO	(IT Tes, Please list below)	
Have you been in a Recovery House or similar?	Y	'ES	NO	(If Yes, Please list below)	
Do you have a Social Worker or counsellor?	YES	NO	The	ir Name and #	
Homes 4 Hope Sober Living Facility utilizes the pharmi clients. Do you agree to use their services?	cutical services of De Yes	-	Frugs for the p	perscription needs of our	
Preferred move in date					

Please read, initial and sign to indicate your understanding and agreement regarding the housing program at Homes 4 Hope Sober Living Facility:

Witness: