



**For Referral: Applicant Inclusionary Criteria**

- └ 19+ year old Male
- └ Moderate – Severe Substance Use Disorder
- Priority given to:**
- └ Experiences Homelessness
- └ Moderate – Severe Interaction with the Criminal Justice System

**THERAPEUTIC RECOVERY COMMUNITY (TRC)**

94 Talcott Road, View Royal, V9B 6L9  
 Tel: 250-940-5084 Fax: 250-940-5089  
 E-mail: le-annd@ourplacesociety.com

Referral Source:

Referral date:	Referrer name (self or other):
Referral source (self or other):	Applicant Release date:
Email:	Contact number:
Do you have records to forward with this application upon acceptance into the TRC with ROI complete? Yes No	If yes, please specify:

Applicant information:

Last Name	First Name	Middle Name
Date of Birth (dd/mm/yy)	SIN	PHN
Family Status	Identifies as Aboriginal (Band/Metis)	Languages Spoken
<b>Source of Income:</b> <input type="checkbox"/> None <input type="checkbox"/> Employment <input type="checkbox"/> INAC Band <input type="checkbox"/> Other <input type="checkbox"/> Income Assistance (IA) <input type="checkbox"/> IA-PPMB (DB1) <input type="checkbox"/> IA-PPMB (DB2) <input type="checkbox"/> Old Age Security (OAS) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Canada Pension Plan (CPP)		
What is your current housing/living situation?	Identification?	
Are you facing any immediate safety risks?	Date of last Chest X-ray or TB Test	
Allergies	Dietary needs/nutritional needs?	
Mental Health issues (schizophrenia, bi-polar, OCD, depression, other)		
Please list any <b>medication</b> and (dosage), including methadone/suboxone		
Doctor:	Dentist:	
Psychiatrist:	Other (i.e., counsellor):	

Is there anything that you need help with immediately? (Appointments, belongings, reminders, probation order, etc.)	
Substance Use of Choice:	Date of last use:
Previous and/or current treatment for addiction/mental health? (i.e., group therapy, individual therapy, A.A, N.A etc.) Please include therapist names, locations, and dates if possible.	
Barriers/Considerations (i.e. mental health/risks/no prior employment/learning disability):	
Why do you think you will be a good fit for the TRC at this time? (i.e. strengths, values):	
What do you hope to achieve through the TRC process? (i.e. short-term and long-term goals):	
<b>I have received, read, and understand the Therapeutic Recovery Community Resident Handbook.</b>	
Name: _____ Signature: _____	

When completed, email to [le-annd@ourplacesociety.com](mailto:le-annd@ourplacesociety.com) or Fax to **250-940-5089**