



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 (Health #)
Family Status	Identifies as Aboriginal (Band/Metis)	Languages Spoken
Source of Income: <input type="checkbox"/> None <input type="checkbox"/> Income Assistance (IA) <input type="checkbox"/> Employment <input type="checkbox"/> INAC Band <input type="checkbox"/> Old Age Security (OAS) <input type="checkbox"/> Persons with Disabilities (PWD) <input type="checkbox"/> IA-PPMB (DB1) <input type="checkbox"/> IA-PPMB (DB2) <input type="checkbox"/> Canada Pension Plan (CPP) <input type="checkbox"/> Other		
What is client's current housing/living situation?		Identification?
Is client facing any immediate safety risks? (Please specify)		Have you had COVID Vaccinations? Y/N How many?
Allergies		Dietary needs/nutritional needs?
Mental Health issues (schizophrenia, bi-polar, OCD, depression, other)		

Please list any medication 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):	
I have received, read, and understand the Therapeutic Recovery Community Resident Handbook.	
Name: _____	Signature: _____