





A safe place to heal

**4. Do You Have Children:**

Child's Name:	Age:	Gender: M    F
Child's Name:	Age:	Gender: M    F
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Additional comments regarding children.

**History of Drug Use**

Drug(s) of Choice:

Date of last use:

Have you been to treatment? Yes    No  
 When?                                  Where?                                  Completed                  Yes    No  
 When?                                  Where?                                  Completed                  Yes    No

**Criminal History**

Do you have any matters waiting to be heard in court?  Yes  No If yes, describe.

Are you on probation?  Yes  No If yes, describe.

**Other**

Are there any daily activities you may need assistance with or anything else we should know about that could affect your participation here?  Yes  No If yes, describe.

Is there anything preventing you from living cooperatively in a supportive communal environment?  
 Yes  No If yes, describe

Date of Application: \_\_\_\_\_

Signature of applicant: \_\_\_\_\_

Fax: 604-287-2007 or call for interview Jeanette 604-751-4631