



Day Recovery Program Application

Please complete all fields to the best of your ability. When complete, please email form to coordinator@liferecovery.ca.

Application Date:	Applying for: <input type="checkbox"/> Session 1 > April 8 – June 26, 2025 <input type="checkbox"/> Session 2 > September 2 – December 18, 2025 <input type="checkbox"/> Session 3 > January 6 – February 26, 2026
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Last Name:	First Name:	Middle Name or Initial:
Address: <i>street address, city and postal code</i>		
Contact Information: <i>(Enter a phone number or email; whichever method is best to reach you.)</i>		
DOB: <i>(YY / MM / DD)</i>	Birthplace: <i>(Prov. Or State / Country):</i>	Hair Colour: Eye Colour:
PHN <i>(Personal Health Number):</i>		
Emergency Contact Name:	Location:	Phone Number:

LIFE Recovery is an English-speaking ministry with English curriculum. Are you fluent in English? <input type="checkbox"/> Yes <input type="checkbox"/> No
For statistical reporting, are you First Nations, Indigenous or Metis? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what Nation are you from?

What is your current living situation? <input type="checkbox"/> Rental Housing <input type="checkbox"/> Own home / Parents' home <input type="checkbox"/> Hotel / Motel <input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Detox <input type="checkbox"/> Staying with family or friend's <input type="checkbox"/> Living on the street <input type="checkbox"/> Recovery Home <input type="checkbox"/> Transitional Housing <input type="checkbox"/> Correctional Facility <input type="checkbox"/> Hospital <i>(for what reason?)</i>
How long have you been in current housing situation? <input type="checkbox"/> Less than a week <input type="checkbox"/> Between 1 to 3 months <input type="checkbox"/> 3 – 6 months <input type="checkbox"/> Years:
If applicable to you, in the last year, which below circumstances have you been involved in? <input type="checkbox"/> Homeless <input type="checkbox"/> Released from hospital <input type="checkbox"/> Released from Correctional Facility <input type="checkbox"/> Evicted <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Experiencing mental health issues <input type="checkbox"/> Criminal Activity <input type="checkbox"/> Loss of Income <input type="checkbox"/> Reoccurring medical issues <input type="checkbox"/> Addiction resulting in loss of employment / housing / family

Section 3: Health Care Providers

Please provide contact information for your current or recent medical and / or mental health care providers.

Name	Phone Number	Date of Last Visit
Family Doctor		
Psychologist		
Counsellor		
Psychiatrist		
Social Worker		
Other		

Section 4: Disclosure of Medical, Mental Health and Legal Information

I, _____ consent to the collection and disclosure of my personal information, including information about my medical and / or mental health and legal information for the purpose of determining my suitability for LIFE Recovery's Day Service Program.

Individual who can be contacted	Agency represented	Title	Contact Email or phone number

Treatment History and Goals

If you have been in addiction treatment in the past, please complete the following:

Name of Agency	Date Enrolled	Length of Program	Did you complete?	If not, why?
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	

What are your goals for entering this Day Service Recovery Program?

18. Have you ever had medical problems (like memory loss, hepatitis, convulsions, bleeding etc.) as a result of using drugs or alcohol?
- YES NO
19. Have you ever experienced withdrawal symptoms (felt sick) when you stopped using drugs or alcohol?
- YES NO
20. Have you ever sought help from anyone for a drug or alcohol problem?
- YES NO
21. Have you ever been involved in a treatment program especially related to drugs or alcohol?
- YES NO
22. Have you ever been '*asked to leave*' from school, work or any other program because of your drug or alcohol abuse?
- YES NO

Each statement below describes how a person might feel when starting therapy or approaching problems in their life. Please indicate the extent to which you tend to agree or disagree with each statement. In each case, make your choice in terms of how you feel **right now**, not what you have felt in the past or would like to feel. For all the statements that refer to your “*problem*”, answer in terms of problems related to *your alcohol or drug use*.

#	STATEMENTS	STRONGLY DISAGREE	DISAGREE	UNDECIDED	AGREE	STRONGLY AGREE
1	As far as I’m concerned, I don’t have any problems that need changing.	<input type="checkbox"/>				
2	I think I might be ready for some self-improvement.	<input type="checkbox"/>				
3	I am doing something about the problems that have been bothering me.					
4	It might be worthwhile to work on my problems.					
5	I’m not the one with the problem. It doesn’t make much sense for me to consider changing.					
6	It worries me that I might slip back on a problem I have already changed, so I’m looking for help.					
7	I am finally doing some work on my problem.					
8	I’ve been thinking that I might want to change something about myself.					
9	I’ve been successful in working on my problem, but I’m not sure I can keep up the effort on my own.					
10	At times, my problem is difficult, but I am working on it.					
11	Trying to change is pretty much a waste of time for me because the problem doesn’t have to do with me.					
12	I’m hoping that I will be able to understand myself better.					
13	I guess I have faults, but there’s nothing that I really need to change.					
14	I am really working hard to change.					
15	I have a problem, and I really think I should work on it.					
16	I’m not following through with what I had already changed as well as I had hoped for, and I want to prevent a relapse of the problem.					
17	Even though I’m not always successful in changing, I am at least working on my problem.					
18	I thought once I had resolved the problem, I would be free of it, but sometimes I still find myself struggling with it.					

19	I wish I had more ideas on how to solve my problem.					
20	I have started working on my problem, but I would like help.					
21	Maybe someone or something will be able to help me.					
22	I may need a boost right now to help me maintain the changes I've already made.					
23	I may be part of the problem, but I really don't think I am.					
24	I hope that someone will have some good advice for me.					
25	Anyone can talk about change; I'm actually doing something about it.					
26	All this talk about addiction and mental health is boring, why can't people just forget their problems.					
27	I'm struggling to prevent myself from having a relapse of my problem.					
28	It's frustrating, but I feel I might be having a reoccurrence of a problem that I thought I had resolved.					
29	I have worries, but so does the next person. Why spend time thinking about my problems?					
30	I am actively working on my problem.					
31	I would rather cope with my faults than trying to change them.					

SUPPORTS

How would you describe your involvement with your community?

- Heavily connected Somewhat engaged I am aware of some community / events activities
 I am not connected in my community

In what areas could you use some assistance in, that would further support your recovery?

- Low-cost food options Low-cost housing Counselling Further education
 Employment counselling Family counselling Peer support Parenting
 Cultural Connections Support Groups Financial Planning Church Fellowship
 Marital / Relationship Counselling Transportation Child-care options

CULTURAL CONNECTIONS

If you are First Nations, Indigenous or Metis, please answer the following:

Do elders currently play a role in your life?

- YES NO

Do you currently have any connection to your First Nations, Metis or Indigenous community?

- YES NO

Are you connected to any First Nations, Metis or Indigenous services in your current community?

- YES NO

DECLARATION

By completing this application, I am stating that I am available for the duration of the session that is indicated on the first page and will attend all classes when and if I am accepted.

Participant Name

Support Name

Date

Agency / Position

Date