

# Program Application Form

## INSTRUCTIONS: Please Print

- Please provide full and complete answer to every questions; if a question does not apply to you, answer 'N/A'. Incomplete or misleading information will jeopardize your application and/or stay in the Program. You can mail or fax this completed form (Contact information is provided at the end of this Application.)

First Name		Middle Name[s]		Last Name	
Current Address				Phone Number <i>[Where You Can Be Reached]</i>	
City/Town		Postal Code	Age	Date of Birth:    Month    Day    Year	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship Status <input type="checkbox"/> Single <input type="checkbox"/> Engaged <input type="checkbox"/> Married <input type="checkbox"/> Common Law <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed				
Emergency Contact Person #1		Relationship to You		Home Phone	
Address		City/Town		Cell Phone	
Emergency Contact Person #2		Relationship to You		Home Phone	
Address		City/Town		Cell Phone	
Health Card #		Province of Health Card	Citizenship? <input type="checkbox"/> Canadian <input type="checkbox"/> Landed Immigrant <input type="checkbox"/> Neither		
		Place of Birth			
Primary Language? <i>(Speak, Read &amp; Write)</i>		Last Grade Completed		Height	Weight
Do You Have Any Children? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, How Many?		Do They Currently Live With You? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Not, With Whom Do They Live Now?		Who Will Care for Them While You Are Enrolled in Dawn Sanctuary Fellowship?			
Why Are You Applying to Dawn Sanctuary Fellowship for Help?					

Why Are You Applying to Us Instead of Another Program?	
Who Referred You to Us? Please Include Phone Number.	Phone Number
Describe Your Lifestyle Concerning Drugs/Alcohol During the Past Six [6] Months.	
Do You Have, or Have You Ever Had, A Psychiatric Condition?	
Are You Currently Taking Prescribed Medications? Why? Please Provide Details.	
Do You Have A History of Violence? Please Provide Details.	
If in Jail, What is the Name and Address of the Institution?	
Do You Have Any Court Cases Pending? If Yes, What For, and What Court?	
Are There Any Outstanding Warrants for Your Arrest?	Is There A Restraining Order Against You? Explain.
Are You Currently on A Disability or Other Pension?	
Please Mention Any Other Information We Should Know About You.	

Please read the *Dawn Sanctuary Fellowship Program Overview* and then initial each statement to verify that you fully understand and agree with it:

AGREEMENTS	INITIAL
1. I understand that the <i>Dawn Sanctuary Fellowship Program</i> is 12 months long.	
2. I understand that the <i>Dawn Sanctuary Fellowship Program</i> is a non-denominational, faith-based (Christian) rehabilitation program where the primary goal is wholeness through the power of God.	
3. I will take full responsibility for my recovery. The more I put in, the more I will get out.	
4. I agree to comply with the daily schedule of the program to my best ability.	
5. I agree to comply with the house rule.	
6. I agree to participate in weekly counseling.	
7. I agree to participate fully in daily Christian education.	
8. I agree to participate fully in daily work therapy as part of the program.	
9. I agree to participate fully in the other structured components of the program to my best ability.	
10. I understand that Dawn Sanctuary Fellowship defines success as full and permanent abstinence from the use of alcohol, tobacco, illicit drugs, or abuse of prescription medications.	
11. I understand that <i>Dawn Sanctuary Fellowship's</i> policy is no smoking or tobacco use, no fighting, that external social life will be curtailed, that hairstyles and clothing will be modest, that phone calls, visits, passes, music and television are very limited, and that all mail is screened (incoming and outgoing). Further, that all my communication via phones, mail, visits and/or passes will be monitored.	
12. I understand that there is a strong emphasis on rules, structure and self-discipline.	

**PLEASE NOTE:** Prior to acceptance by *Dawn Sanctuary Fellowship*, you will be required to participate in an interview of approximately 60-90 minutes. During this interview, we will require you to be truthful about your life, as well as your addiction problems. We may also ask to have subsequent interviews speaking with significant others and family members and friends in your life, to help gain a better understanding of you and your application.

**FOR YOUR INFORMATION:** Please be reminded that the *\$500 refundable deposit* must be provided by your admission date. Provision of a *CPIC Criminal Record acceptable to Dawn Sanctuary Fellowship in its sole discretion and a full Medical Exam & Blood Work* will be required before you enter the program. If currently using psychotropic medications, there are regulations and policies that may restrict your admission to the program. During this time of collecting the required reports and/or waiting for a bed to become available, you are required to call the Intake Office every Monday hereafter to maintain your continued interest to enter the Program and ensure your place.

**ADMISSION:** Dawn Sanctuary Fellowship will assign the first open bed for your program, and provide an admission date, once completed forms have been received and an interview has taken place. We will work with you to maintain your healthy relationships during this time.

I, \_\_\_\_\_, have read the *Dawn Sanctuary Fellowship Program Overview* and hereby acknowledge my full understanding and commitment to co-operate with the rules of this residential drug & alcohol treatment program. I also understand and agree that a breach of these rules and/or principles will subject me to disciplinary action and/or loss of privileges and/or dismissal from the program.

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (DD/MM/YYYY) at \_\_\_\_\_

Application's Name: \_\_\_\_\_

Witness's Name: \_\_\_\_\_

Application's Signature: \_\_\_\_\_

Witness's Signature: \_\_\_\_\_