



Application for Occupancy  
(All information is treated confidential)

First day of occupancy: \_\_\_\_\_, Income Source: \_\_\_\_\_.

Last Name:	First Name:	Middle Name:
Cell Phone/Contact Number:		
Mailing Address (Street, City, Postal Code)		
Date of Birth:	Personal Health Number:	
Emergency Contact:	Relationship:	Contact Number:

Physician: \_\_\_\_\_, Phone: \_\_\_\_\_.

Medical Concerns:

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Allergies (Food/Drug):  
Supplied?

EpiPen

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Prescription Medication (Narcotic prescriptions are banned at Colwood Serenity House)

Name of medication? used?	Purpose?	Length of time used?
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Any legal issues? (If yes, please provide copy of your conditions): \_\_\_\_\_.

Any upcoming court dates?: \_\_\_\_\_.

Who is your lawyer?: \_\_\_\_\_.

Any no contact order? (If yes please list): \_\_\_\_\_.

Are you on probation? (If yes, please provide your probation officer's name and phone number): \_\_\_\_\_.

What treatment centre or treatment program are you coming from?


Length of program?: \_\_\_\_\_.

What substance(s) do you use?:


### Declaration

I declare that all the information given in this application form is true and correct to the best of my knowledge.

Resident Name (Print)

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Signature

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Date

(February 22, 2018)