Alpha House Recovery Community
*647 Broadview Avenue * Toronto, Ontario M4K 2N9*
*Tel: (416) 469-1700 Fax: (416)-469-0829 * Email: info@alphahousetoronto.ca*
www. alphahousetoronto.ca

APPLICATION FOR RESIDENCE

IMPORTANT!

Please be advised that your application will not be processed until you have followed the instructions below.

- **Complete this application fully** and submit via email, fax, or to the alphahousetoronto.ca website
- **Fill out the Consent To Release** section, so that we may communicate with the residential treatment program to which you are registered
- **Write in your OHIP number**
- **Every Monday**, call to check-in with our Pre-Admission Group between the hours of 2pm and 4pm, at 416-469-1700

ALPHA HOUSE APPLICATION

CLIENT INFORMATION		
Name:	Alias/ AKA:	
Today's Date:	DOB(dd/mm/yyyy):	
Health Card #:	Email:	
Previous residence at Alpha: Yes / No	Home/Other Phone:	
Gender (I.E- Male, Female, Non- binary, bi-gender, intersex, other):		
Do you identify as Indigenous (status or non-status)? Yes / No		
Current address:		
City:	Province:	Postal:
Cell Phone:	If employed, do you work overnights?: Yes / No	

Type Of Bed Preferred: ☐ Ministry ☐ Fee For Service (FFS) ☐ Either (***Ministry beds are covered by the Ministry of Health and client pays $372 per month for rent. FFS beds are $1000 per month and in some cases, when available, result in faster admission. Indicating bed preference does not guarantee admission at Alpha House)***

EMERGENCY CONTACT	
Name of emergency contact:	
Address:	Phone:
Relationship to you:	

LEGAL STATUS
Are you currently involved in any legal matters? Yes / No If **Yes**, please explain:
Are you listed with the Ontario Sex offender Registry? Yes / No
History of Violence? Yes / No If **Yes**, please describe (Including Weapons/assault/robbery convictions, domestic violence, etc)
Are you currently on bail / parole / probation/other_____ Describe your conditions, if any:

SOURCE OF INCOME
What is your main source of income? Employment / OW / ODSP / Family Support / Savings / Employment/ Other_____

MEDICAL HISTORY
Do you have any major or chronic health problems? Yes / No If Yes, please provide details:
Allergies? (Food, Animals, pollen, etc.)

Please list **all current medications** below:

Medication	Dosage	Purpose	On medication since

MENTAL HEALTH INFORMATION

Have you ever been diagnosed with a mental health disorder? Yes / No

Diagnosis	When	By Whom

Are you currently receiving professional help to manage your mental health? Yes / No
Mental Health Professional's Name and Phone _____

Have you ever been hospitalized for mental health? Yes / No If **Yes**, date of last hospitalization and description of the events:

Have you ever attempted suicide? Yes / No If **Yes** explain: (When, How many times, last attempt):
Do you currently have thoughts of suicide or self-harm? Yes / No

SUBSTANCE USE HISTORY

Psychoactive Drug History Questionnaire

Drug Type	Used in Last 12 Months	Frequency of use. (ex. daily, binge, 2 times per week, etc.)	Last day of Use	Route of administration (I.E – smoke, snort, I.V.)
Cocaine/Crack:	□ Yes □ No			
Crystal Meth/ Speed/ Other Stimulants/	□ Yes □ No			
Cannabis: hash/ weed/marijuana/oil	□ Yes □ No			
Benzodiazepines: Valium/Ativan/Clonazepam/Librium/etc.	□ Yes □ No			
Barbiturates : (Phenobarbital, Seconal, etc.)	□ Yes □ No			
Heroin/opium	□ Yes □ No			
Prescription Opioids: Fentanyl / Dilaudid/Demerol/ Percocet/etc.)	□ Yes □ No			
Alcohol	□ Yes □ No			
Over the counter codeine reparations: (T1/T3/ Cough medications, etc.)	□ Yes □ No			
Hallucinogens: LSD/DMT/STP/PCP/Magic Mushrooms)	□ Yes □ No			
Glue/Gasoline other inhalants	□ Yes □ No			
Tobacco: (cigarettes, cigars, chew, snuff etc.)	□ Yes □ No			
Other Psychoactive drugs.	□ Yes □ No			

Are you currently taking Methadone? Yes / No Are you currently taking Suboxone Yes / No

TREATMENT INFO

Are you currently in a Residential Treatment Center: Yes / No

If **Yes**, Agency Name_____ Graduation Date:_____

If **No**, Agency Name and Date Graduated of Last Treatment Center:_____

CONSENT TO RELEASE OF INFORMATION/ SIGNATURE

By signing this release/application I hereby acknowledge that all the information in this application is true. I also consent to the release of information so Alpha House can engage in two way communication with:

_____ _____

Name of Agency/Contact Phone Number of Agency/Contact

_____ _____

Name of Application Signature of Applicant

_____ _____

Name Of Witness/Contact Signature of Witness/Contact

_____

Date

Application Checklist

I have

□ completed the application fully

□ provided my OHIP Number

□ signed the Consent to Release section