



# Forward House Ministries Application Form

✓ Only complete this form if you are or have recently completed an addictions treatment program or are a part of the FACT Mental Health Court Program

## General Information

Date of application: \_\_\_\_\_

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age \_\_\_\_\_

Phone number: \_\_\_\_\_ email: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

## What is your current living situation?

- Own housing     Treatment \_\_\_\_\_     Live with friends
- Live with family
- Shelter     Homeless     Detox     Prison     other \_\_\_\_\_

If other, explain: \_\_\_\_\_  
\_\_\_\_\_

## Family Information

### Relationship status:

- single             married     common law
- divorced/separated     widowed

Do you have children?  no             yes How many? \_\_\_\_\_

## What is their living situation?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Are you involved with CFS?  no  yes

CFS worker: \_\_\_\_\_ Phone# \_\_\_\_\_

Reason for CFS involvement: \_\_\_\_\_  
\_\_\_\_\_

**Drug/Alcohol History**

Have you ever completed a detox?  no  yes When? \_\_\_\_\_

What treatment programs have you done? (When? Where?)  
\_\_\_\_\_  
\_\_\_\_\_

Substance/Activity of choice:

- 1. \_\_\_\_\_ date last used: \_\_\_\_\_
- 2. \_\_\_\_\_ date last used: \_\_\_\_\_
- 3. \_\_\_\_\_ date last used: \_\_\_\_\_

Are you currently in a methadone (suboxone) program?

no  yes

**Employment/School**

Highest education completed

- Highschool/Grade 12  other schooling Grade? \_\_\_\_\_
- University/College degree What field? \_\_\_\_\_
- some University/College What field? \_\_\_\_\_
- Trade

Are you currently in school?  no  yes Where? \_\_\_\_\_

Are you currently employed?

no  yes  parttime  fulltime  seasonal/casual

Type of work: \_\_\_\_\_



**Other forms of income**

EIA                       EIA Disability

Location \_\_\_\_\_ Name of Worker \_\_\_\_\_

EIA case# \_\_\_\_\_

Treaty (Band) \_\_\_\_\_

other (pension, WCB, etc.) explain \_\_\_\_\_

**Medical Information**

Name of Family Dr. \_\_\_\_\_ phone# \_\_\_\_\_

Do you have any medical concerns?

no             yes            Explain: \_\_\_\_\_

Have you ever been diagnosed or treated for mental health?

no             yes            Explain: \_\_\_\_\_

Mental Health Worker/Psychiatrist: \_\_\_\_\_

Agency: \_\_\_\_\_ phone #: \_\_\_\_\_

**Legal information**

List ALL pending charges \_\_\_\_\_

List ALL past charges + outcome (convictions, etc.) \_\_\_\_\_

Do you have an NCO or protection order against someone?

no             yes            Who? \_\_\_\_\_

Does anyone have an NCO against you? \_\_\_\_\_

Do you have any gang affiliations? (Past or present)

no    yes            explain \_\_\_\_\_

Are you involved with the Mental Health court?  no             yes

If so, FACT worker: \_\_\_\_\_ phone# \_\_\_\_\_



Are you in prison?

no yes Where? \_\_\_\_\_ Release date: \_\_\_\_\_

Are you on probation or parole?

no yes

Prob./Parole officer: \_\_\_\_\_ Phone# \_\_\_\_\_

Lawyer: \_\_\_\_\_ phone# \_\_\_\_\_

**Reason for applying to Forward House (FH)**

Why do you want to move to FH?

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What 3 main issues would you like to work on while you are at FH?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

On a scale from 1 to 10 how ready are you to work on these issues?  
(Circle one)

1 2 3 4 5 6 7 8 9 10  
Not ready Totally ready

Please fill out everything carefully. If you have any questions, please contact us at 204 661- 8605 or email:

Date \_\_\_\_\_ Signature \_\_\_\_\_