



## Lorne's Blanket Society

P.O. Box 1402

lornesblanket2@gmail.com

Whitecourt, Alberta T7S 1A3

Telephone # 780-778-0952

### APPLICATION FOR INTAKE

The information on this form is collected under the authority of and in accordance with the Freedom of Information and Privacy Act. The information will be used to determine and verify the applicant's eligibility and suitability for admission at Lorne's Blanket. The information provided may be matched and verified with other sources, agencies and governments. If you have any questions about the collection of this information please contact administrative staff at Lorne's Blanket. 780-778-0952

#### PERSONAL INFORMATION

Date: \_\_\_\_\_

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

Nickname: \_\_\_\_\_

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

Telephone # \_\_\_\_\_

SIN # \_\_\_\_\_

AHC # \_\_\_\_\_

### REQUIREMENTS OF RESIDENCY

Lorne's Blanket tries to provide a safe and health promoting environment for staff and residents. Lorne's Blanket has developed the following terms of residency to ensure that the residents living at Lorne's Blanket are supported in achieving their goals.

#### Terms of Residency

You must work to the best of your ability with the manager to achieve goals as they are set out for you by both you and the manager in order to transition from the program within 9-12 months.

I (resident) \_\_\_\_\_ have read and understand the Terms of Residency outlined above and I agree to abide by these terms.

Date: \_\_\_\_\_

Signature of Resident: \_\_\_\_\_



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### LEGAL HISTORY

Do you have a history of verbal or physical aggression towards others? YES or NO

Do you have a history of weapon use? YES or NO

Do you carry weapons or knives? YES or NO

**NOTE:** All weapons (knives, ax's, saws, ect) MUST be surrendered to the manager for safekeeping and will be returned to you at the end of your residency at Lorne's Blanket.

### HEALTH STATUS

Describe your general health:

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### MENTAL HEALTH STATUS & COGNITIVE CONCERNS

Do you have any mental health concerns (diagnosed or suspected) or any concerns that may affect your cognitive abilities?

If available please attach supporting documentation.

___ Schizophrenia (all variants and schizoaffective disorder)	___ diagnosed	___ suspected
___ Mood disorders (major depression, dysthymic disorders, bipolar)	___ diagnosed	___ suspected
___ Anxiety disorders (general anxiety, PTSD, OCD, acute stress)	___ diagnosed	___ suspected
___ ADHD, conduct disorder, Asperger's ODD, attachment disorder	___ diagnosed	___ suspected
___ Personality disorder	___ diagnosed	___ suspected
___ PDD (pervasive development disorder)	___ diagnosed	___ suspected
___ Fetal Alcohol Syndrome	___ diagnosed	___ suspected
___ Acquired brain injury	___ diagnosed	___ suspected
___ Other _____	___ diagnosed	___ suspected



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**\*Please note that all information given will be kept confidential.\***

### **Participant Waiver & Indemnity Agreement**

**Name of Participant:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**In consideration of being accepted to participate in the Lorne's Blanket Housing Program, I the undersigned participant release, undertake and agree to save harmless and keep indemnified Lorne's Blanket Society, & Family Worship Centre, it's principal, officers , agents, officials, servants, organizers and representatives from and against all claims ,actions, costs, expenses and demands whatsoever in respect of death, injury, loss or damage to my person or property, however caused arising out of or in connection with my participation in the Lorne's Blanket Program.**

**I understand and agree that the activities involved in Lorne's Blanket may include but aren't limited to life skill training, cooking, home maintenance, social events, a 12 step program and physical activities. I understand that there may be an inherent danger in participation in these activities and it is not possible to make these activities completely safe or free of risks. I willingly accept all the risks and dangers therein.**

**It is hereby acknowledged and agreed that the content thereof are fully understood by the Participant who agrees that the same shall be binding upon his heirs, successors, executors, administrators and assigns.**

**Participant Name: (please print)** \_\_\_\_\_

**Participant Signature:** \_\_\_\_\_



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### CONSENT AND ACKNOWLEDGEMENT FORMS

#### Consent to Urine & Breathalyzer (to be completed prior to admission)

Lorne's Blanket is a drug and alcohol free environment therefore possession or use of alcohol, alcohol-based products cannabis and/or illegal drugs is prohibited during your stay here.

To monitor and enforce this policy you will be required to give samples whenever requested by the manager of Lorne's Blanket

Client's Signature: \_\_\_\_\_

Name of Witness (please print): \_\_\_\_\_

Signature of Witness: \_\_\_\_\_

Date: \_\_\_\_\_

This information is being collected under section 33 © of the Freedom of Information and Protection of Privacy Act and will be protected under the provisions of the Act. Should you have any questions about the collection of this information, you may contact the FOIP Coordinator of Alberta Municipal Affairs and Housing at: 780-427-1114 or 18<sup>th</sup> Floor, Commerce Place, 10155-102<sup>nd</sup>. Street, Edmonton, Alberta. T5J 4L4