LEARNER ADMISSIONS APPLICATION

Please be assured that your response to this admission application form helps us to know how to support you best to learn with us. Please allow up to 72 hours to review your application and contact you to discuss your next steps to attend Lionsheart Wholeness Centre.

PERSONAL INFORMATION		
First Name:	Middle Name:	
Last Name:	Phone Number:	
DOB:	Email:	
Treaty Number:	Band:	
Mailing Address:		
City:	Province:	Postal Code:
Healthcare Number and Province:		
Gender:	Sexual Orientation:	
Marital Status:	SIN:	
EMERGENCY CONTACT INFORMATION		
Full Name:		
Relationship:	Phone Number:	
Address:		
City:	Province:	Postal Code:
WELLNESS DEPARTMENT INFORMATION		
Worker's Full Name:		
Community/ Band:	Phone Number:	
Email:		
CFS Worker Name		
Phone Number:	Email:	

Check if you have experienced repetitive patterns or excessive use of any of the following:

- Alcohol
- Crack
- Methamphetamine
- Heroin
- Fentanyl
- Marijuana
- Opioids
- Cocaine
- Benzodiazepine
- Prescription Drugs
- Other: _____

TREATMENT	**Have you ever overdosed?**
Have you ever been to treatment? ● No ● Yes - Please explain where and for how long below	● No ● Yes - Please explain when and if you received medical attention

Do you struggle with any of the following:	**Have been <u>diagnosed</u> with any of the following:**
● Anxiety ● Stress ● Apathy ● Depression ● Suicidal Ideation ● Other: _____	● Bi-Polar ● Schizophrenia ● FASD ● PTSD ● ADHD ● Major Depressive Disorder ● Generalized Anxiety Disorder ● Other: _____

Are there any other mental health concerns we should be aware of?

Are you experiencing the following physical symptoms:	**Have you experienced any of the following forms of abuse:**
● Lethargy ● Low Energy ● Foggy Brain ● Numbness ● Low Appetite ● Excessive Appetite ● Weight Gain ● Weight Loss	● Sexual Abuse ● Mental Abuse ● Emotional Abuse ● Physical Abuse

Do you have a history of suicide attempts?	**Do you have a history of self-harm?**
● No ● Yes - Did this result in hospitalization?_____	● No ● Yes - what forms of self-harm? _____

Have you or your child experienced intergenerational trauma?

- No
- Yes - *If yes, please provide family history:*

CURRENT EMPLOYMENT STATUS

- Employed - Name of Employer:

- Unemployed

SOURCES OF INCOME

- Social Assistance: How much? _____
- Alberta Works Income Support: How much? _____
- Child Tax: How much? _____
- Other forms of income: How much? _____

TREATMENT

Have you ever been to treatment?

- No
- Yes - Please explain where and for how long below

LEGAL

Do you have a criminal record?	● No ● Yes
Do you have any existing criminal charges?	● No ● Yes (if yes, please answer the questions below)
Are your charges still pending in court?	● No ● Yes
Upcoming court dates:	
What are your conditions?	
Probation/Parole Office Name:	
Phone Number	Email:

MEDICAL	**Do you have any medical conditions?**
Family Physician:_____ Phone Number:_____ Clinic:_____	● No ● Yes - provide details

Do you take any prescription medications?

- No
- Yes - provide details _____

Are you pregnant?	**Please check if you have any of the following:**
● No ● Yes - Due Date: _____	● Lice ● Bed Bugs

Do you have any sexually transmitted infections?	Do you have a counsellor or a support worker?
● No ● Yes - which STI's and are you seeking treatment: _____ _____	● No ● Yes - Full Name: _____ Phone Number: _____ Email: _____
What is your highest level of education:	**Do you have access to funding for school?**
	● No ● Yes

Which of the following IDs do you have? Please list which province you have the ID from.
● Government Issues Photo ID/ Drivers License _____ ● Treaty Card ● Alberta / Saskatchewan Health Care Card _____ ● SIN ● Birth Certificate _____ ● Other: _____

Do you have access to safe independent housing?	Do you have any gang affiliation?
● No ● Yes	● No ● Yes
Do you have children?	**Children's names, and birthdates**
● No ● Yes	
Who has care of the children?	
Do you have family court coming up?	● No ● Yes - When? _____
Have you had Children Services involvement?	● No ● Yes - Why? _____

CHILDREN & FAMILY SERVICES WORKER
Name:
Office Name:

Phone:	Email:
REFERRAL SOURCE - Who is referring the applicant to LWC?	
Name:	
Organization:	
Phone:	Email:
Why does the applicant want to attend Lionsheart Wholeness Centre?	
Please also note that upon arrival, there will be a routine search of all possessions belonging to the applicant. A breathalyzer and urinalysis test will be taken. Electronic items such as cell phones will be stored safely away and given only during designated times for use. Medications will be stored safely away and administered by staff.	
I have filled out the Lionsheart Wholeness Centre's Admissions Application form to the best of my abilities. I understand that if any information that I have provided to Lionsheart Wholeness Centre is false or misleading this will end in immediate termination of my admission at Lionsheart Wholeness Centre. I also acknowledge that before my admittance I may be asked to submit a completed medical exam provided by Lionsheart Wholeness Center and that it has been filled out by a registered physician once my application has been reviewed by Lionsheart Wholeness Centre.	
Applicant's Printed Name:	
Applicant Signature:	Date:
Thank you for completing this application. Lionsheart Wholeness Centre will be in contact with you within 72 hours of this application being submitted.	