

This information is being collected under the authority of Section 33(c) of the *Freedom of Information and Protection of Privacy ACT* (the "FOIP ACT"). All personal information collected during the application process, during the course of your stay, and for participation in any programs will be used to provide services and ensure a safe and secure environment of all our clients. It will be treated and protected in accordance with the privacy provision of **Part 2** of the FOIP ACT. Limited information may also be provided to the Minister of Housing and Urban Affairs for the purpose of carrying out programs, activities or policies under his administration (e.g. research, statistical analysis) or for receiving provincial and/or federal funding. If you have any questions, please contact the FOIP Coordinator for Alberta Housing and Urban Affairs at 780-638-2979 or 3rd Floor, 44 Capital Boulevard, 10044 – 108 Street, Edmonton, AB T5J 5E6.

BASIC INFORMATION

Last name:		First Name:		Middle name:	Age:
Also Known As (A.K.A.)/ Nickname(s):			Date of Birth:		
Homeless	<input type="checkbox"/> Yes	<input type="checkbox"/> No	How long?		
Where are you staying now?					
Telephone Number where Applicant can be contacted:				(780)	
Social Insurance Number:			Personal Health Care Number		
Next of Kin / Emergency Contact:				Relationship:	

SOURCE OF INCOME

<input type="checkbox"/> AISH	<input type="checkbox"/> Pension	<input type="checkbox"/> Employment Insurance (EI)	<input type="checkbox"/> AB Works/Income Support
<input type="checkbox"/> No Income	<input type="checkbox"/> Personal/Private Trust Fund	<input type="checkbox"/> Aboriginal Funding	<input type="checkbox"/> WCB/Workers Comp.
<input type="checkbox"/> Other (Please indicate monthly amount)			

GUARDIANSHIP AND/OR TRUSTEE

Do you have a current legal guardian and/or trustee?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name of Legal Guardian and/or Trustee:		
Contact Information for Guardian/Trustee:	(780)	

REFERRAL SOURCE

Is an agency or someone else helping you with this application?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name of Agency/person:	Telephone Number:	(780)
Relationship to Applicant:	Length of Time you have known Applicant:	
What do you hope to gain from involvement with Gunn Centre services?		

RESIDENTIAL HISTORY

Are you a resident of Alberta?	<input type="checkbox"/> Yes <input type="checkbox"/> No	How long have they lived in Alberta?	
Have you had experiences with shared accommodation:			
Room Mates:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Group Home:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lived in own home/apartment	<input type="checkbox"/> Yes <input type="checkbox"/> No		
What was good or bad about your last residence?			
Have you ever received support services to help you look after your home? (I.E. PDD)			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please indicate agencies that provided service for you:			

SUBSTANCE ABUSE / TREATMENT HISTORY / HEALTH

Do you have any additions? Yes No | If yes, to what: _____

How has this affected your life? _____

Are you currently in a detoxification facility? Yes No | If so, what is the planned date of discharge? _____

PREVIOUS TREATMENT(S)

APPROXIMATE DATES/DURATION	TYPE OF DEPENDENCE	TREATMENT FACILITY

EMPLOYMENT & EDUCATION HISTORY

What is the highest level of education the applicant has achieved? _____

How does the applicant function with respect to everyday reading, writing and arithmetic? _____

Does the applicant have any special qualifications? (e.g. trade certificates)

LEGAL

Do you have any outstanding legal issues? Yes No

If so, please note court dates, charges

Are you currently under legal supervision? Yes No

Admission Date	An admission date and time will be arranged following the approval of your completed application form (including a medical assessment)
<u>Must</u> Have 5 Days Total Abstinence	To qualify for admission, you need to have at least 5 days of clean time from all drugs and alcohol prior to arriving at Gunn Centre.
Items to Bring	<ul style="list-style-type: none"> • Luggage – please limit to 2 pieces. Size and contents to be confirmed with Administration prior to arriving. • Please ensure that your personal toiletries do not contain alcohol. • Appropriate clothing for season. No alcohol, drug, gambling logos please. • Lock for your personal lock box if desired. Gunn Centre is not responsible for lost or stolen articles.
Do Not Bring	<ul style="list-style-type: none"> • TV's, VCRs, DVD players, stereos, computers. • Weapons, Knives, scissors or any sharp objects • Pornography related adult movies, magazines or posters • Vitamins, Non-prescription medications, health food supplements, herbal remedies.
Vehicles	There is no parking available for personal vehicles during your stay at Gunn Centre. Please make alternate arrangements prior to your admission.
Laundry Facilities	Facilities are available for personal laundry and each resident is assigned a day and time at no charge. Laundry soap and fabric softener is provided.
Telephone Calls	Phones are available for making personal calls in the Recreation Hall.