

APPLICATION FORM



The Reverend Tommy Beardy Memorial
Wee Che He Wayo Gamik Family Treatment Centre

P.O. Box 131, Muskrat Dam, Ontario P0V3B0
Phone: (807) 471-2554 Fax: (807) 471-2510

Our MISSION is to:

“Strengthen Indigenous communities by offering a family-oriented, land-based Treatment Program which provides support and guidance to individuals living with substance misuse.”

We accept applications from individuals who:

- are voluntarily agreeing to participate in the Treatment Program;
- are assisted by community-based agencies, health professionals and other related agencies;
- have been substance free for a period of 30 days prior to attending the Treatment Program;
- are able to come to the Treatment Centre with a 6-week supply of their medication; and
- have children 3 months or older.

We do not accept applications from individuals who:

- are coming directly out of incarceration institutions;
- are pregnant;
- require psychiatric health care assistance (such as those diagnosed with schizophrenia and bipolar disorders as the Treatment Centre is not medically equipped to work with these individuals); and
- are on prescriptions for anti-depressants or other mood-altering drugs. (Prior to being accepted to the Treatment Program, potential Program participants would have to be weaned off such medications under the Health Care Provider’s care.)

Note to Referral Workers:

It is essential that you fill out the application in the presence of the Applicant.

Should you have any challenges completing this form online and/or you require immediate information regarding vacancy and intake dates, please email intake@tbmftc.com or call (807)####

APPLICATION FORM

Applicant's Information

First Name

Last Name

Phone Number

Date of Birth (YYYY/MM/DD)

Status #

Email Address

Health Card #

How do you identify?

- Male Female 2 Spirited Other Prefer Not to Say

Co-Applicant's Information

First Name

Last Name

Phone Number

Date of Birth (YYYY/MM/DD)

Status #

Email Address

Health Card #

How do you identify?

- Male Female 2 Spirited Other Prefer Not to Say

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Do you have children in custody?

Yes No

Please provide the following information for any children coming with you.

Name	Date of Birth (YYYY/MM/DD)	Status #	Health Card #

Community

Emergency Contact Information

Name

Phone Number

Questions for the Applicant

Why would you like to attend our Treatment Centre?

Have you been substance free for the past 30 days? Yes No

Have you been to treatment before? Yes No

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Do you have a referral worker?

Yes

No

If you have a referral worker, please provide their contact information.

Full Name

Organization

Phone Number

Email Address

Additional comments relevant to this application

Signatures

<input type="text"/>	<input type="text"/>
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Applicant's Signature

Date (YYYY/MM/DD)

<input type="text"/>	<input type="text"/>
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Co-Applicant's Signature

Date (YYYY/MM/DD)