

MOBILE PHONE APPLICATION **MUST DOWNLOAD**

This App is **recommended** for mobile phones to properly fill out all required fields. This application is a PDF and requires a PDF editor to be filled out on mobile phone. Free to install.

iPhone: App Store | Android: Play Store



LUMIN: VIEW, EDIT, SHARE
PDF

**FOLLOW INSTRUCTIONS BELOW FOR
COMPLETING AND EMAILING YOUR
APPLICATION BACK**



All Required Fields Must Be Filled Out
Applications will NOT be accepted if applications are not completed in full.



Applicant Information

GENERAL INFORMATION

Legal Name:

Preferred Name: Alias:

Address:

Phone Number: Alternate:

Email Address:

Gender:

Ethnicity: Indigenous: Status #:

Date of Birth (YYYY/MM/DD): Current Age:

Provincial Health Number: Province:

Medical Benefits # (if applicable): Carrier #:

Group or Plan #: Certificate / Member #:

How did you hear about the Thorpe Recovery Centre?

Do you have any relationships – personal or otherwise, with any TRC staff? If Yes, Please List Staff Names:

All text fields in **RED** must be filled in.

Use the **DROP BOXES** to select options

Non-Mandatory text fields are still recommended to be filled in.

EMERGENCY CONTACT INFORMATION

Emergency Contact:

Name: Relationship:

Address:

Phone Number: Alternate Number:

Email Address:

2nd Emergency Contact:

Name: Relationship:

Address:

Phone Number: Alternate Number:

Email Address:

4/15/2024

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REFERRAL SOURCE INFORMATION

Referral Source Name: Agency:

Phone: Fax:

Email:

ADDICTION HISTORY

Please list substances used (past and present) including drugs, alcohol, solvents, prescriptions, over the counter medications, and behaviours. Use an * to indicate your primary addiction and ** for your secondary; Attach additional pages if required

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Substance	Amount Used	Daily/Weekly/Monthly	Date of Last Use	Age of First Use	Considered Problematic
		If alcohol, specify			

When application is completed in **FULL**, click this icon to **SAVE, DOWNLOAD, AND SHARE**



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Thorpe **All Required Fields Must Be Filled Out**
Applications will NOT be accepted if applications are not completed in full.

Applicant Information [dropdown]

GENERAL INFORMATION

Legal Name: [Last] [First] [Middle]

Preferred Name: [text] Alias: [text]

Address: [text] [AB] [text]

PO Box/Suite Street Address: [text] City: [text] Province: [text] Postal Code: [text]

Phone Number: [text] Alternate: [text]

Email Address: [text]

Gender: [dropdown]

Ethnicity: [text] Indigenous: [dropdown] Status #: [text]

Date of Birth (YYYY/MM/DD): [text] Current Age: [text]

Provincial Health Number: [text] Province: [dropdown]

Medical Benefits # (if applicable): [text] Carrier #: [text]

Group or Plan #: [text] Certificate / Member #: [text]

How did you hear about the Thorpe Recovery Centre? [text]

Do you have any relationships – personal or otherwise, with any TRC staff? [dropdown] If Yes, Please List Staff Names: [text]

EMERGENCY CONTACT INFORMATION

Emergency Contact:

Name: [text] Relationship: [text]

Address: [text] [text] [text]

PO Box/Suite Street Address: [text] City: [text] Province: [text] Postal Code: [text]

Phone Number: [text] Alternate Number: [text]

Email Address: [text]

2nd Emergency Contact:

Name: [text] Relationship: [text]

Address: [text] [text] [text]

PO Box/Suite Street Address: [text] City: [text] Province: [text] Postal Code: [text]

Phone Number: [text] Alternate Number: [text]



TRC Application 2024
Last opened: Oct 31, 2024

Download

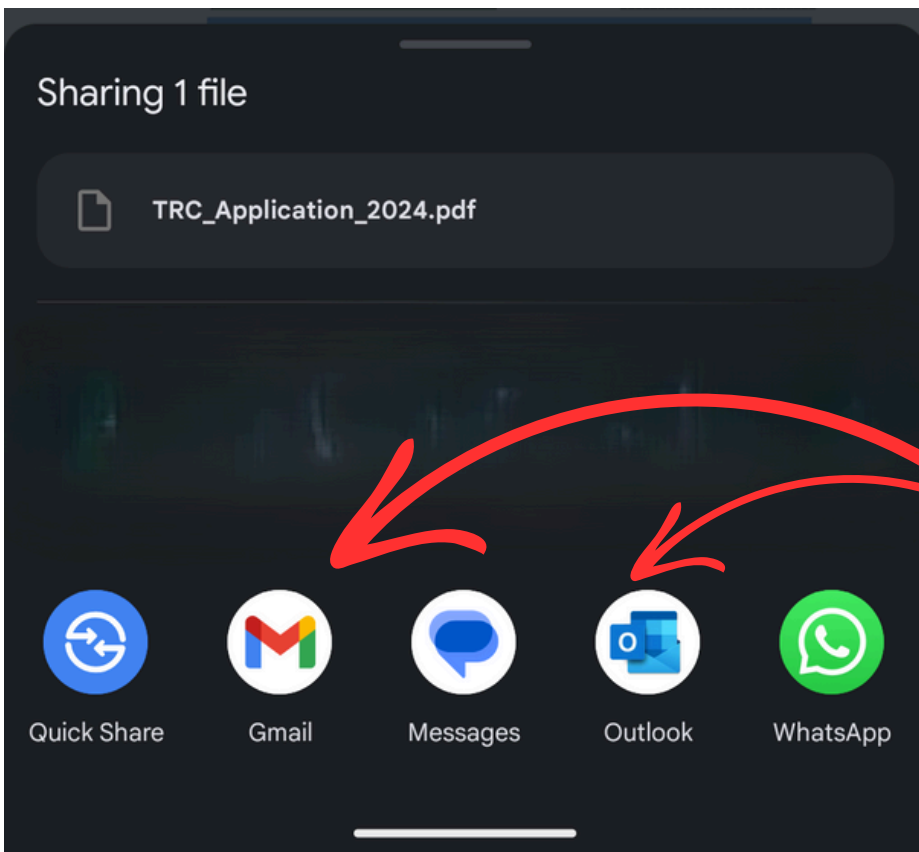
Invite others to collaborate

Share by link

Send a copy



Select **“SEND A COPY”** to automatically attach the completed application to your email attachments



Select the email software you use to send your application to the Admissions Department

COMPLETED
APPLICATIONS ARE TO BE
EMAILED DIRECTLY TO THE
ADMISSIONS DEPARTMENT
USING THIS EMAIL
ADDRESS:

admissions@thorperecoverycentre.org