



BELKIN HOUSE

PDP PROGRAM APPLICATION

Program Requirements:

- Applicant should be at least 90 days clean (completion of a 90 day treatment program is preferable).
- Willing to abide by the rules and regulations of Belkin House.
- Willing to actively participate in the Belkin House programs & community.

Mandatory Programs:

- **Life Skills** – 2 Weeks – Monday to Friday, 8:30am to 11:45am (Breakfast & Lunch will be provided free of charge on course days)
- **Living Skills** – 4 Weeks – Monday to Friday, 9:00am to 12:00 noon (Breakfast & Lunch will be provided free of charge on course days)
- **Weekly Caseworker Meeting** - Once a week session with the assigned Caseworker
- **Recovery Support** – Once per week (Wednesdays) 1 hour x 8 weeks
- **Volunteering** - Commitment of 2 hours per week of volunteering in the facility

Recommended Programs:

- Attendance at 2 spiritual formation programs in the evenings.

Optional Programs:

- Anger Management
- Financial Literacy
- Grief Recovery
- Stress Management

Please complete the attached form and mail, fax or drop off at the Belkin House front desk; **Attention: Manager Transitional Housing.**

The Salvation Army Belkin House, 555 Homer St., Vancouver, BC, V6B 1K8
Fax: 604-694-6624 (main phone: 604-681-3405)

All applicants are encouraged to follow-up after submitting an application to determine where it is in the process. Applications will only be held for 1 month without follow-up after which, applicants must re-apply.



BELKIN HOUSE
PDP PROGRAM APPLICATION FORM

Date of Application: _____

LAST NAME: _____ **FIRST NAME:** _____

Date of Birth: _____ Gender: Male Female S.I.N. #: _____

Current Address: _____

If in Belkin House Shelter: Room & Bed # _____ Date of Entry: _____

Contact #: _____ E-Mail: _____

Referral Type: Self Referral Shelter Agency (fill in space below & sign)

Referral Agency or Recovery Facility: _____

Contact Name: _____ Phone #: _____

Current Program: Program Start Date: _____ Length of Program: _____
 Program Completion Date: _____

Referral Agency comments and recommendations: _____

I consent to the release of this information to The Salvation Army, Belkin House.

Client Signature: _____ Date: _____

WHAT IS YOUR INCOME SOURCE: (How would you pay for the Program / Rent?):

Social Assistance EI Disability WCB Employment Pension

MEDICAL: Please list & explain any diagnosed conditions below:

Physical Disability Yes No _____

Medical Condition Yes No _____

Mental Illness Yes No _____

Substance Abuse Yes No _____

Other Condition Yes No _____

When was the last time you used: _____ Drug of Choice: _____ Clean Time: _____

Caseworker / PDP Worker Comments: _____

Acceptance: Yes No Reason: _____

Date: _____ Administration: _____