



Program Application

Mail application to: PO Box 1, Lakeside, NS – B3M 4B2

Fax application to: 902-876-1337

Email application to: programarguerite@eastlink.ca

Inquiries please call: 902-444-3190

Please be honest with your answers. All information is kept strictly confidential. Some of the questions in this application form are used to help the centre collect data for statistical purposes, and we never use the applicant's name.

Personal Information

Name _____ Date _____ Phone # _____

Address _____

How long have you lived here? _____

Previous address and how long you lived there? _____

DOB _____ Birthplace _____

Marital Status _____ Children (how many & ages) _____

Next of Kin _____ Relationship to you _____

Next of Kin Phone # _____ Address _____

Do you have an email address _____

Are you pregnant? If yes, what trimester are you in? _____

General Application

1. Have you ever been a resident at the Marguerite Centre? Yes ___ No ___

* If yes, when was that and how long did you stay? _____

* Was your departure planned or unplanned? Planned ___ Unplanned ___

* If no, how did you hear about the Marguerite Centre?

2. Have you ever resided in any other residential treatment programs for an addiction? Y ___ N ___

* If yes, when, where and for how long?



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3. Are you employed? Y ___ N ___.

* If yes, where are you working and for how long? _____

* If no, what is your source of income? _____

* Please list all jobs that you have had in the previous five years?

4. What is the highest grade you completed in school? _____

* What community was your school located? _____

* Did you attend college, university or other work training? Y ___ N ___

* If yes, when and where was that? _____

* Did you earn a certificate, diploma or degree? Y ___ N ___

* If yes, please specify _____

5. Have you ever resided in a shelter due to homelessness or domestic violence?

Y ___ N ___

* If yes please explain how often, the location of the shelter, the reason you were there and how long you stayed?

6. Have you ever used a food bank? Y ___ N ___

* If yes, how often do you rely on this support, what food banks have you used and when was the last time you used this support?

7. Have you ever used a soup kitchen for a meal? Y ___ N ___

* If yes, how often and what soup kitchens have you used?



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8. What is your addiction and how has it been active? _____

9. Have you ever been on methadone? Y ___ N ___

* If yes, when was that and for how long?

10. Have you ever had a problem with gambling? Y ___ N ___

* If yes, please explain what type of gambling is a problem for you

11. Have you ever attended AA/NA/GA? Y ___ N ___

* If yes, when was the last time you attended a meeting and do you have a sponsor?

* Do you have concerns about attending these fellowship meetings? Y ___ N ___

* If yes, what are your concerns?

12. Are you registered with Addiction Services? Y _____ N _____

* Have you ever had addiction counseling with addiction services? Y ___ N ___

* If yes, how many sessions did you have, how long ago was that and who was your counselor?



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13. What other programs have you sought out in the community to help you with your addiction?

14. Do you have a criminal record? Y ___ N ___

* If yes, please provide as much detail as possible. The Marguerite Centre may request a criminal record check prior to acceptance to verify your criminal history so please be honest. We will not hold your past against you as we understand that criminality is often part of the cycle of addiction.

15. Do you have any current charges in which you have not yet been sentenced?
Y ___ N ___

* If yes, what are they?

16. Are you on probation or parole? Y ___ N ___

* If yes, what are your conditions?

17. Do you currently have fines imposed by the court? Y ___ N ___

* If yes, how many and how much do you owe?



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18. Have you ever testified against someone that led that person to be incarcerated?
Y ___ N ___

*If yes, when was that and what were the circumstances?

19. Do you currently owe someone in the community money for drugs, alcohol or a gambling debt? Y ___ N ___

20. Is there someone in the community that may want to harm you? Y ___ N ___

21. Do members of your family abuse substances, drink or gamble? Y ___ N ___

22. Are you able to change the people, places and things that have a negative influence on you? Y ___ N ___

* Are you able to identify what and who those are? _____

23. What does a typical day look like for you when you **are** using?

24. What does a typical day look like for you when you **are not** using?



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25. Do you think you have problems with your self esteem? Y ___ N ___

* If yes, how long have you had self esteem issues and what do you think caused this?

26. Have you ever attempted suicide? Y ___ N ___

* If yes, how many times and how many admissions to the hospital and length of stay

27. Have you ever or do you currently engage in self harming behaviors such as cutting, burning, or pulling out your eyelashes? Y ___ N ___

* If yes, what are your behaviours? _____

28. Have you ever consumed mouth wash, hand sanitizer, solvents or inhalants?

Y ___ N ___

* If yes, please explain the circumstances in which this occurred?

29. Have you ever been diagnosed with a personality disorder? Y ___ N ___

* If yes, did you receive information regarding this diagnosis?

30. Have you ever had to be placed in a safe room because you were not able to calm yourself down? Y ___ N ___

* If yes, please explain:



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31. Do you have a mental illness? Y ___ N ___

* If yes, please explain

32. Do you have a physical illness? Y ___ N ___

* If yes, please explain

33. Have you ever been diagnosed with cancer? Yes _____ No _____

34. Have you ever been tested for HIV? Yes ___ No _____

* If yes, when was your last test?

35. Have you ever been tested for Hepatitis? Yes ___ No _____

* If yes, when was your last test? _____

36. Have you ever had a sexually transmitted infection? Yes _____ No _____

* If yes, did you receive treatment? Y ___ N ___

37. Are you currently at risk for a sexually transmitted infection? Yes ___ No _____

38. When was the last time that you had the following diagnostic testing?

:Routine blood work _____

:Urinalysis _____

:Blood pressure _____

:Pap test _____

:Mammogram _____

39. When is the last time that you had a dental examination?



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40. When is the last time that you had an eye examination?

41. When is the last time that you had your hearing checked?

42. Have you ever used the following clinics/services?

:Diabetic clinic: _____

:Dietician: _____

:Foot care clinic: _____

:Physiotherapy: _____

:Massage Therapy: _____

:Acupuncture: _____

:Any other health clinics or services not listed: _____

43. What medications are you taking and what are they prescribed for?

Thank you for completing this application to the Marguerite Centre. You will be contacted to come to the centre for a need assessment appointment to determine if you are accepted to the program. Please ensure that all contact information is current so we are able to reach you for an appointment.

Applicant Signature : _____

(office use)

Date that the application was received at the Marguerite Centre
