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 <u>intake@tbmftc.com</u> or call (807) 630–6708.

Co-Applicant's Information	APPLICATION FORM				
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	APPLICA	ATION FORM	
Do you have children	in custody?		
Yes	☐ No		
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Please provide the foll	owing information for any ch	ildren coming with you	и.
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	APPLICATION FORM
Do you have a referral worker?	☐ Yes ☐ No
If you have a referral worker, please prov	vide their contact information.
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Additional comments relevant to this app	olication
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Signatures	
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Applicant's Signature	Date (YYYY/MM/DD)
Co-Applicant's Signature	Date (YYYY/MM/DD)
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