

VANCOUVER GIVING • HOPE • TODAY PDP Program Application

Date of Application: (MMM/DD/YY) Personal Information Last Name First Name Date of Birth (MMM/DD/YY) Pronouns Contact Number E-mail Gender **Current Address** MSP/Healthcare Number Staying in Belkin House Shelter Y \(\Omega\) N \(\Omega\) Date of Entry (MM/DD/YY) Please fill out the following section if you are a refugee claimant: Your present status in Canada: _______Do you have your Refugee Protection Identification Document Y () N () Country of Origin:______ Language(s) spoken: _____ Reference: (please fill in space below and sign) Please note: references cannot be friends or family members. Referral Agency or Recovery Facility **Contact Name** Phone Number Email Program Start Date (MM/DD/YY) Length of Program Program Completion Date(MM/DD/YY) I consent to the release of information between the above agency and The Salvation Army Belkin House. Date (MM/DD/YY) Client Signature What is your Income Source? (How would you pay for the Program/Rent?) ○ Income Assistance ○ Disability ○ EI ○ WCB ○ Employment ○ Pension ○ Other: ____ Medical: Please list and explain any diagnosed conditions below: Substance Use Y O N O: When was the last time you used? _____; Drug(s) of Choice_____ Mental Health Conditions Y O N O: Medical Conditions Y \(\cap N \(\cap \): Physical Disability: Y \(\) N \(\): ______ Medications: __ For administration purposes: Acceptance Y \(\cap \ N \(\cap \) Date: Reason:



Personal Development Plan (PDP) Program Requirements:

- All applicants must be at least 19 years of age
- Applicant should not have used any substances for the last 90 days
 - Willing to abide by the rules and regulations of Belkin House
- Willing to actively participate in Belkin House programs, work on personal and recovery-related goals, and build up social supports

Programs Offered through the PDP Program:

- o 6-8 weeks of classes
- Spiritual care and support
 - Recovery Support
- Weekly Caseworker Meetings

Please complete the attached form and mail, e-mail, fax or drop off at the Belkin House Front Desk with "Attention: Manager of Transitional Housing".

The Salvation Army Belkin House 555 Homer Street, Vancouver, BC V6B 1K8

Fax: 604-694-6632

Main Phone: 604-681-3405

Email: BelkinHouse.PDPIntake@salvationarmy.ca

To keep your application active please call or email to check in once a month.

Applications will be held up to 3 months without any [or when there is no] follow-up after which, applicants must re-apply.