



# Get Started

The answers you provide on this form enable us to help you get the help you need. Having some information about you before we get in touch means we can be ready with guidance, information and support tailored to your circumstances.

Once you submit your form we will contact you within three business days so you can tell us more about your situation and ask any questions you may have.

Completing this form does not compel you to use our services. We will never pressure you into participating in our program, we will just do our best to support you as you take steps towards recovery.

Please be assured that all information you provide to TRC will be kept confidential, in accordance PHIA guidelines and our Privacy Policy. However, please note that email is not a completely secure form of communication. While Tamarack will handle all enquiries it receives in strictest confidence, the confidentiality of information transmitted by email is not guaranteed.

If you have questions as you are completing the form or decide that you would prefer to speak to someone in person, please call us on 204-775-3546

## About You

Name:

Where do you live?

This information helps us to identify which, if any, supports might be helpful to you during your stay at TRC.

Manitoba

Another Canadian Province

Other

Home Phone:

Message OK? Yes  No

Cell Phone:

Message OK? Yes  No

Email:

Please provide at least one contact option where we can reach you during business hours.

How did you hear about us? (e.g. website, radio, newspaper, another organization, family member)

## Medication

When we contact you, we will ask for a few more details because some medications are not permitted at Tamarack. If you are currently taking medications that we don't allow we can work with you and your doctor to explore alternatives so this is not a barrier to participating in our program.

Are you currently taking prescription medication for physical or mental health reasons?

Yes  No

## Addiction History

What is the primary substance you have been using?

Date last used?

Please list all other substances you have used

How frequently do you typically use substances?

Every day

Weekly

Less than once a week

What other addictive behaviours do you currently struggle with or have you struggled with?

Gambling/Gaming

Spending

Internet

(select all that apply)

Relationships

Sex

Food

Other

## Legal

Safety is our highest priority. In order to ensure the best support for you as well as the safety of the house we ask about legal issues. We'll ask you more about these when we contact you.

Do you have any:

Criminal charges pending Yes  No

Outstanding warrants Yes  No

Upcoming court dates Yes  No

Bail conditions Yes  No

## Additional Information

Do you feel that there are any barriers or challenges to you being able to access residential treatment at Tamarack (for example, financial, personal, motivational, mental or physical)?

No

Yes

Please describe

Is there any additional information you would like us to know?

Applicant's Signature:

Thank you for completing this form. Your answers to these questions help us to identify how we can best support you.

When you are sure you have completed all of the questions to your liking, you can send us a scanned copy of the form by email to: [info@tamarackrecovery.org](mailto:info@tamarackrecovery.org) or you can fax a copy of the form to: 204-772-9908

## What happens next

We will review your form and make contact with you within the next three business days. We respond to everyone who submits a form.

In the meantime, if you have questions, want to confirm that we have received your inquiry or are just eager and motivated to get started with recovery, please call us on 204-775-3546. We will be happy to take your call.