

Office Use Only

Date: _____

Application #: _____

Info Verified:

Approved:

Cheq Req #: _____

☐ Yes
☐ No

☐ Yes
☐ No

Approved by: _____

FUNDING APPLICATION FOR RESIDENTIAL TREATMENT FOR ADDICTIONS

Please answer all questions. Incomplete applications cannot be assessed for eligibility.

Clients will be notified of their eligibility within ten (10) working days of providing a complete application.

1. Applicant

Last Name: _____

First Name: _____

Address _____

Community: _____

Home Phone: _____

Cell Phone: _____

2. Confirmation of Acceptance into Treatment Program

Have you attached an acceptance letter for a residential treatment program?

☐ Yes ☐ No

If "No", what is the name and location of the program you will be attending?

Name of Facility: _____

Address _____

Phone: _____

Date of Admission: _____

Duration: _____

Please provide the name of someone who can verify your acceptance into the program.

Name: _____

Agency: _____

Address _____

Phone: _____

3. To prioritize your application for funding we need to know if your application to treatment was prompted. Please check all that apply

- ☐ Child Welfare Worker
- ☐ Social Services/Income Support
- ☐ Court/Parole Officer/Probation Officer/Lawyer
- ☐ Employer/Employee Assistance Program
- ☐ Self Referred
- ☐ Other _____

Alberta Health Services charges a room and board fee of \$40 per day for residential treatment for Alberta residents. AWN will provide financial assistance in compliance with the Assistance with Residential Treatment Policy and Procedure.

4. Is the referring agency able to pay for the cost of residential treatment?

☐ Yes ☐ No

(Describe contributions, amounts and details)

Please explain: _____

5. Are you able to contribute to the cost of your residential treatment?

☐ Yes ☐ No

(Describe contributions, amounts and details)

Please explain: _____

6. Have you received funding assistance from AWN to attend residential treatment in the past?

☐ Yes ☐ No

What is the name and location of the program you attended?

Name of Facility: _____

Date(s): _____ Duration: _____

5. Did you complete the program of residential treatment?

☐ Yes ☐ No

If "No", please explain: _____

7. Please describe any additional circumstances regarding your present situation that you would like the AWN to be aware of which may assist in the selection process.

Declaration and Consent

I understand that this application does not constitute an agreement on the part of Aseniwuche Winewak Nation to provide me with assistance.

I declare that all information given by me in this document is, to the best of my knowledge and belief, correct and complete.

I consent to having the information I have provided here verified by third parties for the purposes of determining and reviewing my eligibility for financial assistance.

I understand that I may be required to repay any or all financial assistance received by me or by another person on my behalf if I fail to attend appointments or treatment as planned or if it is found that I have provided false information.

I acknowledge that providing false information or misusing financial assistance may result in losing the ability to access financial assistance in the future.

Applicant's Signature: X _____ Date: _____

The information in this application is collected and protected under the Freedom of Information and Protection of Privacy Act for the purpose of determining eligibility and client selection for financial assistance from programs or initiatives provided by Aseniwuche Winewak Nation. If you have any questions or complaints about the collection, use or disclosure of your personal information, please contact: Rachelle McDonald, Executive Director, Aseniwuche Winewak Nation, Box 1808, Grande Cache, Alberta, T0E 0Y0, (780) 827-5510.