



## PDP Program Application

Date of Application: (MMM/DD/YY) \_\_\_\_\_

### Personal Information

_____	_____	_____	
Last Name	First Name	Date of Birth (MMM/DD/YY)	
_____	_____	_____	
Gender	Social Insurance Number	Contact Number	E-mail
_____			
Current Address			
_____			
Staying in Belkin House Shelter <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> Date of Entry (MM/DD/YY) _____			

### Please fill out the following section if you are a refugee:

Your present status in Canada: \_\_\_\_\_ Do you have your Refugee Protection Claimant Document  Y  N

Country of Origin: \_\_\_\_\_ Language(s) spoken: \_\_\_\_\_

### Referral Type: Self Referral Shelter Agency (fill in space below and sign)

\_\_\_\_\_

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.

_____	_____
Client Signature	Date (MM/DD/YY)

### 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  N : When was the last time you used? \_\_\_\_\_; Drug(s) of Choice \_\_\_\_\_

Mental Health Conditions  Y  N : \_\_\_\_\_

Medical Conditions  Y  N : \_\_\_\_\_

Physical Disability:  Y  N : \_\_\_\_\_

Medications: \_\_\_\_\_

For administration purposes: Acceptance  Y  N  Date: \_\_\_\_\_

Reason: \_\_\_\_\_



### **Personal Development Plan (PDP) Program Requirements:**

- 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:**

- 6 weeks of Living Skills classes
- Spiritual Formation classes
  - Recovery Support
  - Volunteer Opportunities
- Weekly Caseworker Meetings

Please complete the attached form and 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

***All applicants are encouraged to follow-up after submitting an application to check-in and keep their application up to date. Applications will only be held for 3 months without follow-up after which, applicants must re-apply.***