

Use this form to apply for Tera13 Support Society recovery housing. You may complete it yourself or with a referral worker. Submitting an application does not guarantee admission. Tera13 will contact you to discuss next steps and whether the program can meet your needs.

* Required for initial contact. For sensitive questions, you may choose "Prefer to discuss." Please do not attach medical records or detailed clinical documents unless Tera13 specifically requests them through an approved secure process.

1. Applicant Information

First name *

Last name *

Preferred name

Date of birth (YYYY-MM-DD) *

Phone number *

Email address

Preferred way to contact you

☐ Phone call ☐ Text message ☐ Email ☐ Through referral worker

Are there any instructions about when or how it is safe to contact you?

If the recovery home serves a specific population, which option best describes you?

☐ Woman ☐ Man ☐ Another identity ☐ Prefer to discuss

2. Current Housing & Referral Information

Current living situation

☐ Unsheltered ☐ Emergency shelter ☐ Treatment/detox ☐ Hospital ☐ Temporary/couch surfing
☐ Rental/home ☐ Corrections/transition ☐ Other

Current location, facility, or community (if applicable)

When are you hoping to move in?

Current city/community

How are you applying?

☐ Self-referral ☐ Family/friend ☐ Treatment program ☐ Health-care provider ☐ Shelter/housing worker
☐ Justice/community worker ☐ Other

Referral contact name

Organization

Referral phone

Referral email

Please briefly tell us why you are seeking recovery housing and what you hope the program will help you with.

3. Recovery & Support Needs

Which best describes where you are in your recovery right now?

- ☐ Currently abstinent ☐ In treatment/detox ☐ Planning to begin recovery ☐ Returning to recovery
☐ Prefer to discuss

What are your main recovery or stability goals for the next 3-6 months?

Are you currently connected to recovery, counselling, medical, cultural, spiritual, or peer supports?

- ☐ Yes ☐ No ☐ Prefer to discuss

If yes, please list only the supports you are comfortable sharing at this stage.

Do you currently receive medication or addiction-treatment support that may need coordination while you are living in the home?

- ☐ Yes ☐ No ☐ Prefer to discuss

Do you have accessibility, mobility, communication, dietary, cultural, spiritual, or other accommodation needs we should discuss?

- ☐ Yes ☐ No ☐ Prefer to discuss

If yes, please briefly describe what support or accommodation would help.

Are there current legal, supervision, safety, or community restrictions that could affect placement or house participation?

☐ Yes ☐ No ☐ Prefer to discuss

If yes, provide only enough information for us to understand whether follow-up is needed.

4. Practical Information

Current income/funding source

☐ Employment ☐ AISH ☐ Income Support ☐ EI ☐ Pension ☐ No current income ☐ Other
☐ Prefer to discuss

Do you currently have government-issued identification?

☐ Yes ☐ No ☐ Some identification ☐ Prefer to discuss

Do you have reliable transportation to appointments/programming?

☐ Yes ☐ No ☐ Sometimes ☐ Not applicable

Is there anything else you would like us to know before we contact you?

5. Emergency / Alternate Contact

Optional. Provide someone Tera13 may contact if we cannot reach you, or a referral/support worker you authorize us to speak with.

Name

Relationship/role

Phone

Email

I authorize Tera13 to communicate with this person about my application

☐ Yes ☐ No

6. Applicant Acknowledgement & Consent

By signing/submitting this application, I confirm that the information I provided is true to the best of my knowledge. I understand that this is an application only and does not guarantee acceptance, a bed, or a specific move-in date.

I consent to Tera13 Support Society contacting me about this application and next steps.

☐ I agree

If I provided a referral/support contact and selected permission above, I consent to Tera13 communicating with that person about my application.

☐ I agree ☐ Not applicable

Privacy note: Information collected through this application should be used only for intake, eligibility, placement, service coordination, and related administrative purposes. Tera13 should limit access to authorized personnel and use an appropriately secure system for online submissions.

Applicant signature (type full name)

Date

For Tera13 staff use only - intake notes / follow-up required