



WEST COAST CLIENT SUPPORT SOCIETY

EMPOWERING LIVES THROUGH HOUSING AND SUPPORT

LEGION VETERANS VILLAGE – THE VALORIE Veteran Housing & Support Program (VHSP) Application

Date: _____

Please email completed forms to:
aashni@westcoastcss.org
FOR STAFF USE ONLY
Date application received: _____
Employee Name: _____

Personal Information:

First Name: _____

Last Name: _____

Service/ Regiment # _____ Canadian Armed Forces RCMP

Date of Birth: _____ Gender: _____ Contact #: _____

E-Mail: _____ Message #: _____

Current Address: _____

Substance Use History:

Addiction History: Yes No

Substance Abuse: Yes No

When was the last time you used? _____ Drug of Choice: _____

Method of use (ex. smoke, snort, IV): _____ Clean time: _____

Are you currently prescribed any medications for addiction treatment such as Methadone, Naloxone, Naltrexone.....etc.? Yes No

If Yes, please describe:

Do you have history of Overdose? Yes No

If yes, do you have relapse/overdose prevention plan? Yes No

Medical & Psychological information:

Mental Health Condition/Concerns: Yes No

If Yes, please describe:

Medical Condition: Yes No

If Yes, please describe:



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Physical Disability: Yes No

If Yes, please describe:

Please provide list of current medications/prescriptions and dosages, including vitamins/supplements:

Please list any other services that you receive from other Health Services in the community:

Family Physician Name: _____ Phone #: _____

Dentist Name: _____ Phone #: _____

Psychiatrist/Counsellor Name: _____ Phone #: _____

Registered Nurse Name: _____ Phone #: _____

Occupational Therapist Name: _____ Phone #: _____

Other:

_____ Name: _____ phone #: _____

_____ Name: _____ phone #: _____

LEGAL INFORMATION:

Are you presently on probation? Yes No

Are you presently on parole? Yes No

Please list your convictions and conditions: _____

Parole/ Probation Officer Contact Info:

Name: _____ Phone: _____

E-mail: _____ Fax: _____

Have you applied to any VRS programs or housing before? Yes No

Name of the program or housing location _____

Community reference is required for the application:

Referral Agency or Recovery Facility: _____

Current Program: Start Date: _____ Completion Date: _____

Reference Name: _____ Reference Phone #: _____

I consent to the release of this information to VRS Communities intake staff.