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## REHABILITATION AND RECOVERY SERVICE

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### Application

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street Address) (City) (Prov) (Postal Code)

Phone number: \_\_\_\_\_

Can a message be left at this number?  Yes  No

Do you want to receive information for our Well Being Learning Information? Yes No

SIN #: (When Employment Goal Stated) \_\_\_\_\_

PHIN #: \_\_\_\_\_

Email: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Gender identity: \_\_\_\_\_

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What is your main goal in coming to our service? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What kinds of changes are you planning to make in your life? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Psychiatric Diagnosis: \_\_\_\_\_

\_\_\_\_\_

Have you ever been involved with CMHA Services?  Yes  No

Please explain: \_\_\_\_\_

\_\_\_\_\_

What other services are you currently involved in or have been in the past? \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_