



## NBCTC

### PRELIMINARY APPLICATION FORM

This form is the first step in applying to the Northern BC Therapeutic Community (NBCTC). It allows the Intake Coordinator to review an applicant's eligibility and direct their application to the appropriate stream: Corrections Application, Health Authority Referral, or Direct (Self) Referral. The form collects basic personal, legal, health, and substance-use information to ensure applicants meet the program's admission criteria and are prepared to engage in long-term recovery.

#### **Before You Apply**

Applicants must meet the following criteria:

- 19 years or older
- Able to participate fully in the program (both cognitively and physically – the site is not wheelchair accessible)
- Commit to at least 6 months in the program
- Have valid ID (BCID, Status Card, Birth Certificate, Driver's License, or Passport)
- Approved Medical Services Plan (MSP) coverage
- No arson convictions
- No violent offence convictions within the last 5 years
- Not on bail for 2+ months until next court date or awaiting sentencing with unknown outcome
- If on OAT: must be stabilized on Suboxone or Sublocade (methadone, Kadian, safe supply not accepted)
- Must complete medical detox or provide evidence that they have been clean for a minimum of two weeks

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#### **1. Applicant Information**

**Full Name:**

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**Preferred Name:**

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**Date of Birth DD/MM/YYYY:**

**Phone:**

**Alt Phone:**

**Email:**

**Mailing Address**

**City:**

**Province**

## 2. Referral Source

How did you hear about NBCTC? (check one)

- ☐ Self / Friend / Family
- ☐ Health Authority / Mental Health & Addictions Team, Social Worker, Addictions Counselor
- ☐ Corrections (Probation, Parole, Bail Supervisor)
- ☐ Other: \_\_\_\_\_

If referred to by an agency or worker, please provide:

**Name:**

**Organization:**

**Phone/Email:**

## 3. Legal Status

Are you currently:

- ☐ On probation / parole – Officer Name & Contact: \_\_\_\_\_
- ☐ On bail – next court date: \_\_\_\_\_
- ☐ Incarcerated – details: \_\_\_\_\_
- ☐ None of the above

## 4. Substance Use & Treatment

Primary substance of concern:

Date last used:

Have you completed medical detox? ☐ Yes ☐ No

If no, where do you plan to complete it?

Are you on OAT? ☐ Yes ☐ No – If yes, which: ☐ Suboxone ☐ Sublocade ☐ Other (not accepted): \_\_\_\_\_

## 5. Health Information

Do you have diagnosed mental health conditions? ☐ Yes ☐ No

If yes, please list: \_\_\_\_\_

Primary physician/clinician: \_\_\_\_\_ Phone: \_\_\_\_\_

## 6. Identification

Type of ID provided: ☐ BCID ☐ Status Card ☐ Birth Certificate ☐ Driver's License

☐ Passport

ID Number (optional): \_\_\_\_\_

☐ Copy attached

## 7. Brief Statement

Please tell us why you are applying to NBCTC at this time:

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

**Submit to:** admissions.nbctc@connective.ca (Attention: Intake Coordinator)

If you have questions while filling out this form, please email  
[admissions.nbctc@connective.ca](mailto:admissions.nbctc@connective.ca) OR call 250-964-3136 ext. 200

*The Intake Coordinator will review your information and direct your application to the appropriate stream: Corrections Application, Health Authority Referral, or Direct (Self) Referral.*