BENTLAGE FOUNDATION
RESIDENCY APPLICATION

Providing independent sober living for seniors in a safe, healthy environment to help prevent homelessness in Edmonton.

HOUSE INFORMATION

Bentlage Foundation is a clean and sober living home, not a treatment centre. The house has a zero-tolerance policy for drugs and alcohol and provides a structured environment for seniors transitioning from incarceration, treatment, or other life circumstances. Shared common areas include a kitchen, living room, bathroom, and laundry room. Food hampers and help finding community resources may be available.

FEES

Sobriety deposit: **$400** | Shared room: **$800 per person/month** | Single room: **$900/month**

Residents are responsible for arranging funding, which may include government assistance or personal employment income.

1. APPLICANT INFORMATION

Application date:	**Expected move-in date:**
Full legal name:	
Current address:	
Phone number:	**Email address:**
Date of birth:	**Marital status (circle one): Single / Married / Divorced / Separated**
How did you hear about Bentlage Foundation?	

2. RECOVERY HISTORY

Have you used drugs or alcohol in the last 7 days? ■ Yes ■ No
Main addiction:
List all drugs used within the last year:
Longest period clean and sober:

Date of last drink:	**Date of last drug use:**
Do you have a gambling addiction? ■ Yes ■ No	**Last date gambled:**

3. MEDICATIONS & HEALTH INFORMATION

List all prescribed and non-prescribed medications. Include dosage, reason, whether prescribed, and date prescribed.

Medication	Dosage	Reason	Prescribed? (Y/N)	Date prescribed

Do you have any communicable diseases? ■ Yes ■ No If yes, please list:

Any special needs Bentlage Foundation staff should be aware of?

4. TREATMENT & EMPLOYMENT

List any addiction treatment you have completed or are currently receiving.

Treatment / program name	Date(s)	Reason for leaving (if applicable)

Currently employed? ■ Yes ■ No **If yes, where and for how long?**

Why do you want to live at Bentlage Foundation House?

5. REFERRAL & SUPPORT CONTACTS

Referral agency / caseworker / counsellor:

Lawyer information:

Emergency contact name:	**Relationship to applicant:**
Emergency contact phone number:	**Alternate phone number:**
Emergency contact address:	

6. CLIENT AGREEMENT

Agreed monthly fee: $_____	**Security / sobriety deposit: $400 (non-negotiable)**
I have read and understood the Bentlage Foundation Rules, Agreements & Regulations. ■ Yes ■ No	
Applicant printed name:	**Date:**
Applicant signature:	

7. OFFICE USE ONLY

Application status: ■ Accepted ■ Declined	
If declined, reason:	
Client's house address:	**House phone number:**
Interview date:	**Expected entry date:**
General comments:	
Intake coordinator:	**Signature:**

BENTLAGE FOUNDATION
RULES, REGULATIONS & RESIDENT AGREEMENT

Please read each item carefully and check the box to acknowledge your understanding and agreement.

- ☐ **1.** I agree to stay at Bentlage Foundation for a minimum of 3 months. I understand that a 1-year stay is recommended to allow more time to prepare for life in recovery.
- ☐ **2.** Within 60 days of admission, a review will be conducted to determine whether both the resident and Bentlage Foundation are an appropriate fit.
- ☐ **3.** My first financial obligation is to residency fees and the Residency Security/Sobriety Deposit. These fees take precedence over other debts and bills. Payment is due on or before the first day of each month and upon moving into Bentlage Foundation.
- ☐ **4.** A $400 Residency Security/Sobriety Deposit is required. The deposit is returnable provided I give 30 days' notice after the 3-month minimum; an automatic $200 deduction will apply.
- ☐ **5.** I will provide a minimum of 1 month's written notice of my intention to move out. If residency ends for any reason other than with 1 month's notice, residency fees and the Residency Security/Sobriety Deposit, or any portion thereof, will not be reimbursed.
- ☐ **6.** If my residency ends, all food will be forfeited to the house or disposed of. Staff will gather my personal belongings and hold them for pickup, which must occur within 30 days. Pickup must be booked in advance by appointment and will be supervised. Belongings not picked up within 30 days may be disposed of by Bentlage Foundation, without compensation.
- ☐ **7.** Bentlage Foundation is not responsible for loss of or damage to residents' belongings.
- ☐ **8.** I may be held liable for legal proceedings related to damage to Bentlage Foundation property or unpaid amounts owed after my departure, should Bentlage Foundation pursue such action.
- ☐ **9.** Use of alcohol, drugs, or any form of gambling—or possession of alcohol, drugs, or gambling paraphernalia—will result in immediate termination of residency. The house has zero tolerance for these activities.
- ☐ **10.** Staff reserve the right to conduct drug and/or breathalyzer testing at any time deemed appropriate. Failure of a test or refusal to be tested is grounds for termination.
- ☐ **11.** Smoking, vaping, smudging, or burning candles or incense is not permitted inside the house. Smoking is allowed only in designated outdoor smoking areas.
- ☐ **12.** Lending or borrowing between residents is not permitted.
- ☐ **13.** Failure to disclose criminal charges or probationary status is grounds for termination.
- ☐ **14.** Violence, direct or indirect threats, abuse, discriminatory or racial/hate statements or behaviours, or sexual comments/innuendo directed at staff, residents, visitors, or the public may result in disciplinary action, charges, and/or immediate termination, as determined by Bentlage Foundation or its representatives.
- ☐ **15.** Personal knives or weapons of any kind are not permitted. Possession of a weapon is grounds for immediate termination.
- ☐ **16.** I will conduct myself in a mature and responsible manner, recognizing that my actions and words affect others and the atmosphere of the house.
- ☐ **17.** Medication must be monitored and distributed by the Foundation's associated pharmacist, including one delivery for dosing. Any special conditions identified by the pharmacist will be addressed individually. Misuse, stockpiling, or failure to follow the doctor's or pharmacist's directions is grounds for termination.
- ☐ **18.** After 3 months, unless medical reasons or court-ordered designations apply, I will make every effort to engage in community activities or fellowship and seek employment if able within a practical timeframe.
- ☐ **19.** I will get up, shower regularly, and make my bed daily.
- ☐ **20.** Dishes are not allowed in bedrooms and must be washed immediately after use.
- ☐ **21.** I will keep my room clean and organized, check the duty roster, and complete assigned tasks on time.
- ☐ **22.** I will participate in house chores, including cleaning shared indoor spaces and outdoor tasks such as mowing, shovelling, yard tidying, and putting out garbage. A written warning may be issued if I do not complete assigned chores.
- ☐ **23.** I will respect other residents and their belongings. I will label my food and respect other residents' labels.
- ☐ **24.** For the first 30 days, curfew is 11:00 p.m. to 6:00 a.m. every day, and no passes are allowed. After 30 days, curfew is 11:00 p.m. to 6:00 a.m. Sunday through Thursday, and 1:00 a.m. to 6:00 a.m. Friday, Saturday, and holidays.

- **25.** Overnight passes or curfew extensions require staff approval 3 days in advance, with no exceptions, and must be requested through the Bentlage Foundation main phone at 825-772-2368.
- **26.** The TV must be off during curfew. TVs are not allowed in bedrooms.
- **27.** Guests and visitors are not permitted at any time. A violation will result in termination of residency.
- **28.** At the discretion of the Executive Director or designate, I will attend counselling appointments through AHS Addiction and Mental Health or another agency as advised.
- **29.** I will attend the mandatory house meeting on the designated day and at the designated time.
- **30.** I will attend at least 3 outside AA, NA, CA, CMA, or other spiritual/recovery groups each week. If employed full-time or enrolled in school full-time, I must attend at least 2 twelve-step meetings or spiritual/recovery groups each week. I must obtain a signature from the chairperson or group leader.
- **31.** If I do not comply with the rules, expectations, or admission agreement, staff may issue a written or verbal warning or immediately terminate residency at their discretion. A written warning is an opportunity for personal change; a third warning is grounds for discharge.
- **32.** If my residency is terminated for non-compliance, I will leave immediately and contact the Executive Director to arrange a later pickup of my belongings at the Director's convenience and discretion.
- **33.** If my contract is terminated for any reason, I may not re-apply for admission for 30 days. No exceptions.

Resident acknowledgement

I have read and understood the above Rules, Regulations & Agreements and agree to abide by them.

Print name:	**Date:**
Resident signature:	