



Program Commitment

This program is a one-year minimum commitment. During your time at Olive’s Branch, you will be provided with programming twice daily, given the opportunity to attend outside events, access additional resources, and participate in service work. This is not just a housing program; it is a safe space for recovery and healthy habits to be your primary focus. Please take the time to read the entire package, answer honestly, and communicate any questions you may have.

Requirement	Details
Communication	90-Day Digital Blackout. No personal cell phones or unmonitored internet.
Supervision	90-Day Stabilization. No unsupervised leave from the premises.
Transportation	No Vehicles. Personal vehicles are not permitted to be parked or stored on-site.
Work/School	Recovery First. No employment during the first year of participation and no schooling during the first 9 months.
Physical	Independent. Must be able to navigate the building, perform daily chores, and maintain your space and personal hygiene independently.
Medical	We are a non-Medical Facility. Medications are stored securely and administered by staff, but Olive’s Branch does not have nurses, doctors, or care aides on site.
Fraternization	Residents are discouraged from partaking in any form of romantic relationship during participation. Intimate relationships with other participants are prohibited.
Socialization	Residents must be able to respectfully participate in a shared living environment, communicate appropriately with peers and staff, manage interpersonal conflict in a healthy manner, and demonstrate the social-emotional skills needed to live cooperatively within a recovery-focused community.
12-Step Participation	Residents are required to actively participate in a 12-step recovery program, including attending meetings, engaging with recovery supports, attain sponsorship, complete volunteer community service, and demonstrating a willingness to work through principles of recovery as part of the program’s expectations.
Financial	Monthly program fee of \$625 and security deposit of \$312.50 to be paid on admission with rent continuing to be paid on or before the 1 st of each month thereafter.

Please note that while we carefully review all applications, not all applicants will receive a response. If you wish to apply again after your application has been processed, you will need to submit a new application. Call or email with any questions.

Olive's Branch: Medication Policy & Reference Guide

To ensure a safe, recovery environment, all medications must be disclosed during the intake process and verified by a pharmacy printout where possible.

RESTRICTED: NOT PERMITTED ON PREMISES

The following medications are strictly prohibited. Possession of these substances is grounds for denial of admission or immediate discharge.

Category	Prohibited Medications (Examples)
Opioid Agonist (OAT)	Methadone/Methadose*, Kadian (Slow-release morphine), Naltrexone.
Stimulants (ADHD)	Adderall, Ritalin, Concerta, Dexedrine, Vyvanse etc.
Narcotic Pain Medication	Percocet, Percodan, Dilaudid, Fentanyl, Morphine, Demerol, Talwin, Tramadol, Fiorinal, etc.
Codeine Products	Tylenol #1, #2, #3, #4; Generic codeine (222, 282, 292, 692) etc.
Benzodiazepines	Valium, Librium, Ativan (Lorazepam), Xanax, Clonazepam etc.
Sleeping Pills	Dalmane, Restoril, Imovane (Zopiclone), Halcion etc.
Muscle Relaxants	Robaxisal, Robaxacet, Flexeril etc.
Cold & Allergy	Any cough syrup with codeine or alcohol. Sedating antihistamines: Gravol, Chlor-Tripolon, Dimetapp etc.
Safe Supply	All prescribed "Safer Supply" narcotics (Hydromorphone etc.)

***METHADONE POLICY:**

If you are currently prescribed **Methadone** you must provide a written weaning or transition plan (to Suboxone, Sublocade, or full abstinence) from your prescribing physician **prior to your admission date.**

✓ APPROVED: SAFE & NON-RESTRICTED

Category	Approved Medications
Approved OAT	Suboxone (Buprenorphine/Naloxone), Sublocade (Injection).
ADHD (non-stimulant)	Strattera (Atomoxetine), Intuniv (Guanfacine), Wellbutrin (Bupropion) etc.
Pain Management	Plain or Extra Strength Tylenol (Acetaminophen), Advil/Motrin (Ibuprofen), Aspirin (ASA), Toradol etc.
Sleep Support	Melatonin, Trazodone, Low-dose Quetiapine (Seroquel) etc.
Mental Health	Standard Antidepressants (e.g., Prozac, Luvox, Elavil, Wellbutrin).
Migraine Medications	Imitrex and other non-narcotic triptans.
Allergy/Cold	Non-sedating antihistamines (Claritin, Reactine, Allegra etc.)

This medication policy is in place for recovery, safety, and to ensure non-reactivity with urinary drug testing.





Applicant Information

Full Legal Name:	Today's date:
Date of Birth:	Phone Number:
Email:	Indigenous status: <input type="checkbox"/> Indigenous <input type="checkbox"/> Metis <input type="checkbox"/> Inuit <input type="checkbox"/> non-indigenous <input type="checkbox"/> Prefer not to answer
Current Housing Status: <input type="checkbox"/> Shelter <input type="checkbox"/> Treatment <input type="checkbox"/> Correctional Facility <input type="checkbox"/> Homeless <input type="checkbox"/> Renting <input type="checkbox"/> Homeowner <input type="checkbox"/> Other	

Emergency Contact

Name: _____ **Relationship:** _____ **Phone:** _____

Referral & Legal Status

Note: Full disclosure of criminal history is required as part of the application process. Applications omitting or withholding information will not be approved.

Referring Agency: _____ **Contact Person:** _____

Phone/Email: _____

Do you have any current or past criminal charges? Yes No (If yes, please state)

Are you currently on probation, parole, or involved in an active court case? Yes No (If yes, please list conditions)

Parole Officer: _____ **Location:** _____ **Phone:** _____



Financial Responsibility

Monthly Income Source (Check all that apply):

Ministry Assistance (BCEA) PWD Employment EI / CPP Self/Family-Funded None

Contact Name/Office: _____ **Phone:** _____

Are you able to pay the deposit of \$312.50 and monthly program fees of \$625? Yes No

Do you have any existing financial commitments such as rent elsewhere? Yes No

Recovery History & 12-Step Engagement

As Olive's Branch is a 12-Step based community, active participation is a requirement for residency.

Are you willing to engage in 12-Step Recovery Work? Yes No

Primary Substance(s) of Compulsion: _____

Date of Last Use: _____ **Age or time when use started:** _____

Longest Period of Sobriety: _____ **When:** _____

Have you completed a residential treatment program? Yes No **If yes, where/when?**

What has worked for you in recovery? What has not?

Do you currently have a 12-Step Sponsor? Yes No

Have you attended AA or NA meetings? Yes No **How Often?** _____

What is your experience or feelings with the 12 Steps? (e.g., which step are you currently on, have you tried before?)



Medical & Mental Health

Primary Physician: _____ **Phone:** _____

Prescribing Physician (if different): _____ **Phone:** _____

Mental Health Clinician: _____ **Phone:** _____

Please describe any physical or mental health conditions you are experiencing

Please describe the treatment you are receiving for these conditions currently

Do you have a history of self-harm or suicidal ideation? Yes No (If yes, do you have a safety plan or support in place?):

Are you currently experiencing thoughts of self-harm or suicide? Yes No

Have you ever had a seizure? Yes No **When/Why?** _____

If a physician recommends you change your prescription drug use, would you be willing? Yes No

Have you received a negative TB test result or chest x-ray within the last year? Yes No

If possible, please attach a copy of result

Date of Test: _____ **Location of Test:** _____



Current Medications

Please list all prescribed medications. Ensure you have reviewed the attached medications guide.

Medication Name	Dosage	Reason for prescription

Personal Readiness & Commitment

Why is a one-year recovery program a good fit for you right now?

Are you prepared and physically able to participate in mandatory house meetings, chores, service work, volunteer work, 12-step activities, and all other aspects of the program?

Yes No

Are you currently working, or do you have plans for school/employment?



Statement (optional)

Please explain why you are applying to Olive's Branch

Consent to Disclose Information

I, _____, authorize **AWAC (Association Advocating for Women and Community)** to communicate with the contacts provided in this application regarding my application and suitability for the program.

Duration: This consent is valid for one year from the date of signature unless revoked in writing.

Applicant Signature: _____ **Date:** _____

Witness Signature: _____ **Date:** _____

Declaration & Consent

I certify that I have read, understood, and completed the entire application package and am able and willing to make the commitments outlined within. I understand that Olive's Branch is a voluntary program and that providing false information is grounds for denial or discharge.

Applicant Signature: _____ **Date:** _____