



TRANSITIONAL HOUSING ADDICTION RECOVERY PROGRAM

THARP Phase 1 Application

Expression of interest and initial screening

A safe next step in your recovery journey

THARP is a voluntary, culturally grounded, recovery-focused transitional housing program in Inuvik. **It supports men who are continuing their healing after addictions treatment or preparing to enter treatment.** The program provides a safe, sober and structured home environment.

Residents are supported to strengthen recovery routines, build life skills, reconnect with culture and community and prepare for greater independence. Programming may include individual and group support, storytelling, mentorship, Inuvialuit traditions and customs, on-the-land healing, wellness activities and connections to community services.

Interested or unsure if THARP is right for you? Complete this short form or contact THARP. Staff can explain the program, answer questions and help you understand the next step.

About this form: This is the first stage. It helps THARP learn a little about you and decide whether to invite you to a more detailed intake. Completing this form does not guarantee admission. You may ask a trusted person or staff member to help you fill it out.

1. YOUR INFORMATION

Full legal name		Preferred name	
Date of birth		Age	
Home community		Current location	
Phone number		Email	
Safe way to contact you	☐ Phone ☐ Text ☐ Email ☐ Other	Best time to contact you	

Current mailing or residential address

Check the boxes below if they apply to you:

- ☐ I am 19 years of age or older.
- ☐ I am a resident of the Beaufort-Delta region.

2. TREATMENT AND RECOVERY READINESS

Please choose the statement that best describes your current situation:

- ☐ I recently completed an addictions treatment program.
- ☐ I am currently completing an addictions treatment program.
- ☐ I am scheduled to begin an addictions treatment program within the next 10 days.
- ☐ None of the above. I would still like THARP staff to contact me to discuss options.

Treatment program or provider	
Completion or start date	
Contact person	

What is helping you consider THARP at this time?

In which areas would you like support with the most? Check all that apply.

- ☐ Maintaining sobriety and preventing relapse
- ☐ A stable, alcohol and drug-free place to live
- ☐ Daily routines and life skills
- ☐ Cultural connection and on-the-land healing
- ☐ Healthy relationships and reconnecting with family or community
- ☐ Employment, education or income supports
- ☐ Mental wellness and coping skills
- ☐ Planning a safe return to my home community
- ☐ Other: _____

3. SUPPORTS AND ACCESSIBILITY

Who referred you to THARP or how did you hear about the program?

Is there a caseworker, counsellor, probation officer, family member or other support person you would like us to know about at this stage? Optional: Please give another person's details only if you have their permission.

Do you need help with completing the next stage, reading forms, communication, mobility access, cultural support or another accommodation? If yes, please explain.

Important: THARP is not medically staffed. If you need urgent medical help or are at immediate risk, contact emergency services or a health-care provider.

4. WHAT TO EXPECT IF YOU MOVE TO PHASE 2

If the initial information suggests THARP may be a possible fit, staff may contact you to

- explain the program, shared accommodation and daily structure;
- complete a more detailed intake and safety and readiness discussion;
- confirm treatment information and other eligibility requirements;
- discuss health, medication, accessibility, recovery goals and supports; and
- review program expectations, privacy, consent and any release of information forms.

5. PRIVACY AND PERMISSION TO CONTACT

THARP will use the information on this form to review your initial interest, contact you and determine whether to proceed to the next stage. Your information will be handled as personal and confidential program information. It will not be shared outside the program without your permission unless disclosure is required by law or needed to respond to a serious and immediate safety concern.

- ☐ I give THARP permission to contact me using the safe contact method(s) I selected on this form.
- ☐ I understand that a separate consent form will be used before THARP contacts treatment providers or other outside people, unless disclosure is required by law.
- ☐ I understand that this Phase 1 form is not a resident agreement and does not guarantee admission to THARP. I can withdraw my consent any time by contacting THARP.

6. APPLICANT DECLARATION

I confirm that the information I have provided is true to the best of my knowledge. I understand that if I have given permission, THARP staff may contact me to ask follow-up questions and explain the next stage.

By signing below, I confirm that the boxes I checked in Section 5 reflect my choices and that I have had an opportunity to ask questions.

Applicant name		Date	
Signature			
Person assisting, if any		Relationship	

If a written signature is not feasible

Date and time		Method		Received by	
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THARP STAFF USE ONLY

Date received		Received by	
Initial review	☐ Proceed ☐ Follow-up ☐ Not eligible	Applicant contacted	☐ Yes ☐ No
Next step / notes		Follow-up date	

Have questions or help completing this form?

THARP phone: 867.768.5910 Email: THARP@inuviatuit.com Address: 22 Kingmingya Road, Inuvik, NT