



Calgary Drug Treatment Court Housing Change Request

Please print and fax to 403-476-4701 or email a copy to your case manager.

Claudia: claudiam@calgarydrugtreatmentcourt.org

Peter: peters@calgarydrugtreatmentcourt.org

Surinder: surinderb@calgarydrugtreatmentcourt.org

Note: All personal information is held securely in accordance with FOIP legislation.

Participant Contact Information

Date:			
Name:			
Landline Phone Number:		Cell Phone:	
Current Address:			

Residential Housing Request

Agency/Landlord:		Phone number:	
New Address:			
Describe New Residence (apartment, house, other):			
Will you be living alone?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If no, if no, identify all roommates:			
Expected move date:			

Describe how this NEW living arrangement will continue to support your recovery:

Budget Information

Income:	Expenses:

Identify all your network of supports (be specific):

Describe your Relapse Prevention Plans (Be specific):

Signature of Participant

Office to complete	
Received by:	Date Received:
Date Reviewed by Pre-Court Team:	Approved by Pre-Court Team Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments	