

Facility Overdose Response Box Program Registration Form - Organization



This form must be completed by a site manager and **E-MAILED** to naloxone@bccdc.ca
If you don't have e-mail please fax to (604) 707-2516

Date:

Organization Name:

Services Offered:

(check all that apply)

☐ Drop-In

☐ Emergency Shelter

☐ Supportive Housing

☐ Subsidized Housing

☐ Outreach

☐ Harm Reduction Supplies

☐ Take Home Naloxone

☐ Counselling

☐ Other: _____

I AM AWARE THAT MY ORGANIZATION WILL BE PARTICIPATING IN THE FACILITY OVERDOSE RESPONSE BOX PROGRAM

Executive Name:

Director

Signature:

PLEASE DESIGNATE SOMEONE WITHIN YOUR ORGANIZATION TO COMMUNICATE WITH THE BC HARM REDUCTION PROGRAM ABOUT SITE ELIGIBILITY AND APPROVAL AND MAJOR CHANGES TO THE REQUIREMENTS OF THE FACILITY RESPONSE BOX PROGRAM.

Facility Overdose
Response Box
Contact Person

Name:

Email:

Phone: