

Confirmation
 Date: _____
 Admission Date: _____
 Graduation
 Date: _____



Sunrise Native Addictions Services Society
 1231 - 34 Avenue N.E. Calgary AB T2E 6N4
 (P)403.261.7921 (F)403.261.7945 Administration
 (F)403.269.5578 Client Admissions
 (E) nasgeneral@nass.ca

Admission Information

Confirmation of Treatment Call 403-261-7921 ext: 121	Please assure your application including your medical assessment is complete. After application is sent/faxed allow 2 to 3 days for processing. Once your application has been approved, we will give you a confirmation date. You are responsible to call the Admissions Clerk (2 times a week) to check in. If you do not check in your bed may be given to another client.
Abstinence Prior to Treatment 3 Days clean	You must stop gambling and using drugs & alcohol a minimum of 3 days before your admission. If you need help to stop using drugs & alcohol prior to your admission, let us know and we will help you with a referral.
Abstinence During Treatment	All clients must refrain from gambling and using drugs and alcohol during treatment, and avoid licensed/gambling facilities. If you use drugs or alcohol or gamble during treatment you will be discharged immediately. Sunrise completes drug & alcohol testing.
Prescription and Non Prescription (over the counter) Medication	All medications, vitamins, and supplements must be approved by your doctor prior to admission. Medications must be in their original packaging with original labels. You must have enough medication to last you for your six week stay.
Treatment Hours at Sunrise	Treatment groups run 6 days a week. It is mandatory for you to attend <u>all</u> groups and 12 Step meetings.
Team Communication	Open communication occurs between all counselors. Sunrise strictly upholds client confidentiality outside of the agency.
Visitation Hours	Visiting hours are on Saturdays only. The hours are 1:00pm to 9:00pm for adults and 1:00pm to 6:00pm for children.
Client Phone Access	You will have access to the phone on Saturdays only. You must take care of all legal and other matters prior to admission. Only in the case of a death or a medical emergency in the family will you be able to use the phone or receive messages other than on Saturdays. We do not take messages for clients other than on Saturdays.
Appointments Legal or Medical	You will not be allowed to attend medical appointments or court dates while you are in the six week residential program.
Smoke-Free Centre	Smoking is allowed only outside the centre in designated areas and times.
Fees For Treatment Are you receiving EI? Y _____ N _____	Sunrise is a funded service of Alberta Health Services (AHS); the programs are covered through AHS. Room and Board fees are the your responsibility. You can access funding through Alberta Employment and Immigration - if eligible. If you are being mandated to attend treatment please have your worker approve funding prior to admission. If you are paying for your treatment please have a bank draft or money order made out to Sunrise Native Addictions Services Society prior to admission. No refunds are given.
Housing	Sunrise does not provide housing services to clients. You are welcome to look after your own housing needs for after treatment on your Saturday passes.

Client Signature: _____ Date: _____

Staff Signature: _____ Date: _____

SUNRISE-Native Addictions Services Society

APPLICATION FOR ADMISSION

Personal Information to be completed by applicant.

Date: _____

Surname: _____ Given Name: _____

Address: _____

Phone Number: _____ Date of birth: _____ Age: _____ Sex: M _____ F _____

Band: _____ Treaty #: _____ AHC#: _____

SIN#: _____ Occupation: _____ Employer: _____

Marital Status: _____ Number of Children and ages: _____

Next of kin or person(s) to be notified in case of emergency:

Name: _____ Phone Number: _____

Address: _____

Relationship to Applicant: _____

Alcohol, drugs and gambling history: _____

Provide any details regarding previous treatment experience for Alcohol/Drug/Gambling dependency:

Please indicate in what way(s) your drinking, drug use or gambling is a problem for you, and what your needs and expectations of our program are:

Have you ever been diagnosed with a Mental Health concern (i.e., depression, anxiety, bipolar disorder, personality disorder, etc.) Yes No. If Yes, What? _____

If yes, are you currently on any medications to treat the disorder?

Please list name of medication(s): _____

Are you aware of any family member who is employed by Native Addictions Services or is currently a client? YES No

I understand and agree to accept the Treatment Program prescribed by SUNRISE – Native Addictions Services Society.

Applicant's Signature: _____

Please note: Sunrise Native Addictions Services reserves the right to refuse admission to clients it deems inappropriate for its programs.

To be filled out by the Referral Source and / or Client:

Please describe the applicant's situation, and the present state of his/her dependency, including any information you have regarding particular problems. All areas must be filled out:

PLEASE NOTE: WE DO NOT ACCEPT CLIENTS ON PAROLE.

Family Relationships:

Employment (Regular type of work, employment status etc.)

Social (groups, activities, friends, etc.)

Legal/Past and Pending Charges/Upcoming Court Dates/Parole/Probation/Mandated to Treatment) – Please list all charges and court dates:

Family Addictions History:

Financial (Source of income, debts. etc)

Housing Plans for After Treatment: (Please note: SUNRISE does not assist clients with housing)

Financial and Other Requirements for Admission

All legal, medical, educational, employment, housing and child-care services must be dealt with prior to admission. Clients will not be allowed to attend outside appointments/court dates etc. while in the (6) week residential program (no exceptions).

Financial Requirements

- Please ensure arrangement has been made for funding for treatment.
- If paying room and board fees personally, Sunrise will only accept money orders or certified cheques.

Toiletries and Clothing

- Shampoo & Conditioner
- Hand and Body Soap
- Tooth brush, tooth paste
- Alarm clock
- Slippers, Moccasins
- Clothes according to season
- Deodorant
- Shaving material(shaving cream and razor)
- Hair brush and combs
- Hair Dryer/Flat Iron
- Swimming suit
- Workout clothes (runners, shorts, etc.)

Tobacco - Enough for two weeks minimum.

Money - ** Please note: Sunrise will not hold money for clients. **

- Phone cards for long distance phone calls.
- Clients are unable to use the phone other than on Saturdays.
- Any extra money required or desired for leisure time activities, vending machines, or extra tobacco.

Medications

- Please ensure all prescriptions have been filled and that there is enough for the (6) week duration.

ATTENTION

- Sunrise does not supply toiletries. Please ensure you bring your own.
- Please do not bring in cell phones or any electronic devices such as i-pods. Such items will be put in storage.
- Be aware that large amounts of money will be your responsibility so bring only enough to get by.
- No outside food (i.e. Candy, pop, etc.) Sunrise has vending machines. All food and drinks will be disposed of upon admission.
- Don't bring any of your own bedding or towels, Sunrise will be supplying all bedding and towels. No stuffed toys.
- If you must use your vehicle for transportation to Sunrise, please be aware that you will not be able to use it during the (6) weeks of your treatment. Keys will be handed in to staff at time of admission.
- No couples, siblings, or immediate families are permitted to attend any Sunrise programs at the same time.
- New clients are expected to arrive Mondays between 9:00 am and 2:00 pm.

PLEASE KEEP THIS PAGE FOR YOUR REFERENCE

CLIENT CHECKLIST FOR RESIDENTIAL TREATMENT
TO BE READ AND SIGNED BY APPLICANT

**** (COUNSELLOR/REFERRAL WORKER PLEASE HAVE CLIENT COMPLETE AND SUBMIT WITH APPLICATION.) ****

APPOINTMENTS/MEDICATIONS

- I have a current Medical and Application Form Completed
- I am aware I will not be allowed to attend legal, medical, educational, employment, housing and child-care services, while I am in the (6) week program.**
- I am aware that I will not be allowed to use the phone other than on Saturdays.**
- I have rescheduled all appointments until after I have completed my (6) week residential program. I have enough medication for while I am in the (6) week residential program.**
- I have my own personal toiletries. (see page 3)
- I have clean clothing; warm clothes for winter, clothes for recreation i.e. Runners, swimsuit, gym clothes.
- I will look after my clothing needs prior to admission to the centre.
- I am aware that there is a (72) hour minimum of sober/clean time expected prior to admission.
- I have made arrangements for funding for my treatment.
- I have made arrangements for any personal monies I may need during treatment.
- I will call the Admissions Clerk (2 times a week) to check in. I am aware that failure to do so will result in my treatment date being bumped or taken off the list completely.

OUT OF TOWN CLIENTS

- I am aware I am responsible for my return transportation if I am terminated from treatment or choose to leave the program early.
- First Nations Inuit Health Branch will provide a bus ticket home when I complete the program. (N/A if not a FNIHB client)
- Please Note:** I am aware that I may be asked to leave the program if it is found that I have been dishonest or have disregarded any of the above points.

Please submit this checklist with application and keep a copy for your reference.

I, _____ understand and will abide by the above Checklist for Residential Treatment. I understand that providing incomplete and/or inaccurate information may be cause for refusal of admission or if already in Sunrise – termination from Sunrise Native Addictions Services Society Residential treatment program.

Client Signature: _____ Date: _____

Referral Worker Signature: _____ Date: _____

ATTENTION ALL REFERRING AGENCIES

Name of Referring Person and Agency: _____

Phone Number: _____ **Address:** _____

Please ensure the following has been completed prior to submitting the application.

1. The application has been completed and reviewed. _____(Initial.)
2. All information has been collected for the medical including the Tuberculosis Symptom Inquiry. _____(Initial.)
3. All legal charges past and present have been documented. The client maybe asked to leave the program if it is found they have been dishonest. _____(Initial.)
4. All arrangements for clothing, medical, dental, optical, legal, housing and financial concerns have been addressed prior to admission. If these concerns are not addressed (rebooked/ cancelled) the client may be asked to leave the program. _____(Initial.)
5. Ensure the client has signed the agreement stating they are aware of the minimum of (72) hours sober/clean time before admission date. Sunrise reserves the right to drug test clients at any time. _____(Initial.)
6. Ensure the client has a copy of the Financial and Other Requirements for Admission (Page 3). _____(Initial.)
7. Ensure funding arrangement have been organized. _____(Initial.)
8. Ensure transportation arrangements have been made including from the Greyhound Station to our Centre and to notify SUNRISE – Native Addictions Services Admissions Clerk. _____ (Initial.)

Please note: FNIHB will not fund clients on probation, community service, fine option, or conditional sentence.

Referral Worker Signature: _____

Date: _____

CONFIDENTIAL PRE-ADMISSION MEDICAL ASSESSMENT

It is a requirement of Sunrise Native Addictions Services Society that any client seeking admission to this facility must present a recent medical examination. This form should be filled out by a Doctor and included with the client's application for admission.

Applicant's Name: _____

Alberta Health Care Number: _____

CLIENT'S CONSENT TO RELEASE INFORMATION:

I, _____ (client's name) hereby consent to the release of my medical assessment contained in this questionnaire to SUNRISE – Native Addictions Services Society.

Client or Applicant's Signature: _____ Date: _____

Physician/RN Name: _____

Address: _____

Phone Number: _____

Are you the applicant's regular practitioner: Yes No

Certain medical conditions and/or surgeries may restrict the client's participation in the treatment program. Please indicate whether this applicant has a history of any of the following:

Cancer		Sexually Transmitted Disease	
Epilepsy		Heart Disease	
Diabetes		Tuberculosis	
Allergies		Respiratory Problems	
Rheumatic Fever		Hallucinations	
Visual Problems		Audio Problems	
Alcohol/Drug Related Seizures		Arthritis	
Hepatitis/Liver Disease		Kidney Disease	
Other: please specify		Recent Surgery	

Please give details of any of the items checked above. (Use the other side of this page, if necessary)

Tuberculosis Symptom Inquiry – does this applicant present with any of the following symptoms:

- cough ≥ 3 weeks (productive)
- fever
- night sweats
- weight loss
- fatigue
- hemoptysis

If symptoms suggest active TB disease, chest x-ray and sputum samples for AFB and culture are recommended and possible referral to Tuberculosis Services 403-944-7660

H1N1 Influenza Symptom Inquiry – Does this applicant present with any of the following symptoms:

- symptoms of fever
- cough
- runny nose
- sore throat
- body aches
- fatigue
- lack of appetite
- diarrhoea
- vomiting

If symptoms suggest active H1N1 please direct the client for proper treatment. Clients must be symptom free to attend Residential Treatment.

Psychological/psychiatric conditions might interfere with participation in the treatment program. Are you aware of any peculiarity or problems (i.e.: extreme anxiety, psychosis, depression, suicide attempts, etc.) that should be taken into account during treatment. Please detail:

Please List all Drug and Food Allergies:

Current Medications	Prescribed by	Date Prescribed	Duration and Reason Prescribed

I certify the above to be true to the best of my knowledge:

Doctor/RN Signature

Date