



ADMISSION APPLICATION

Application Procedure

- Submitting this application does not guarantee admission.
- Please complete the application by answer answering every question to the best of your ability.
- E-mail the completed application to admissions@residentsinrecovery.com.
- Upon submission, your application will be reviewed within 48 hours. You will be notified by telephone of a bed date, when available.
- Seven days of abstinence and a clean urine test is required before admission for all programs. (An exception may be made for the Family Treatment Program for social detox)

PROGRAM

- Pre-Treatment Sober Living Post-Treatment Sober Living Family Treatment

REFERRING AGENCY / SOCIAL WORKER

Protection Worker / Referral Name

Agency

Phone Number

E-Mail

PERSONAL INFORMATION

First Name

Last Name

Date of birth - (yyyy-mm-dd)

Email

Marital status Single Dating Married Divorced Widowed Common Law

Phone Number

Alternate Phone Number

Province of Healthcare

Provincial Healthcare Number

Cultural Identity / Ethnicity

Treaty Number (If applicable)

Are you pregnant? Yes No Maybe

Due Date

Emergency Contact Name

Emergency Contact Phone Number

Permission to contact in emergency? Yes No

Relationship to Applicant

CHILDREN INFORMATION

Child 1 Name

Age

Who has custody?

Where are they living?

Child 2 Name

Age

Who has custody?

Where are they living?

Child 3 Name

Age

Who has custody?

Where are they living?

Child 4 Name

Age

Who has custody?

Where are they living?

Child 5 Name

Age

Who has custody?

Where are they living?

Child 6 Name

Age

Who has custody?

Where are they living?

Are there any other children? Yes No

Describe the history of Child and Family Services with the family.

SUBSTANCE USE

Drug of choice (Highest use 1 st)	Date of last use	Age of first use	Pattern of use (how often, how much, etc)
1st <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2nd <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3rd <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4th <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5th <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Are there any other addictions you struggle with?

Gambling Sex Porn Internet Eating Disorder Food Addiction Shopping Relationships

Others

DETOX AND TREATMENT HISTORY

Have you been to detox or treatment before? Yes (If yes, please complete the chart below.) No

Treatment Center Name	Approximate Dates	Completed?	What were the circumstances that led you to Relapse? (e.g. death in family, friends)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Why do you want to attend the Family Treatment Program at Residents in Recovery?

PHYSICAL AND MENTAL HEALTH

If you have a Family Doctor, what is their name?

Phone Number?

If you have a psychiatrist, what is their name? Phone Number?

If you have a Counselor or Therapist, what is their name?

Phone Number?

History of suicide or self-harm?

Explain

List ALL medications you are taking, including over-the-counter drugs: vitamins, herbal medicines, Tylenol, etc.

Do you have any MEDICAL conditions (communicable diseases, etc.)?

Do you have any MENTAL HEALTH conditions (list or describe)?

Have you ever been professionally diagnosed (by a psychologist, psychiatrist, counselor)? *If yes, when and what was the diagnosis? By whom?*

Are there any medications that you are currently taking for your mental health? *Please specify your medication(s).*

Do you have any allergies or sensitivities?

Do you have any special needs? (Dietary, Mobility, Medical, Literacy, Spiritual)

LEGAL

Are you currently incarcerated? If yes, where?

Do you have an Advocate? (e.g. Salvation Army, John Howard Society, Elizabeth Fry) Please provide name and number.

Do you have a criminal record? If yes, what for?

Are you facing any current charges? If yes, what are the charges?

Are you currently on probation? If yes, what are the conditions of your probation?

Do you have upcoming court dates? If yes, when are your court dates and what are they regarding?

Do you have a lawyer? Please include their first and last name and phone number.

Please check "yes" to give consent to an RinR Staff to contact the lawyer listed above and discuss intake details (If applicable).

Yes, you may contact No, you may not contact

Have you had any sexually related charges or convictions? Yes No

If you answered "Yes", please provide dates and details.

Do you have a Community Corrections Officer / Probations Officer? Please include their first and last name and phone number.

SERVICE CONTRACT

DESCRIPTION OF RESIDENTIAL ADDICTION TREATMENT SERVICES

Programs and Philosophy

Residents in Recovery Society offers recovery-oriented residential recovery programs for individuals that struggle with a substance use disorder. All residential programs offered by Residents in Recovery are abstinence-based, meaning there is zero tolerance for drug and alcohol use. Individuals and families will be discharged for violation of the drug and alcohol use policy.

Our Individual Sober Living Programs offer a continuum of care for an individual's recovery journey that spans from Pre-Treatment Sober Living, such as post detox or incarceration, to Post-Treatment Sober Living for those that have completed an in-patient residential treatment program and are looking to build their recovery capital. The Family Treatment Program is long-term inpatient program for women (and their children) struggling with a substance-use disorder. Mothers embark on a holistic healing journey that incorporates children into the treatment process. Originally established as a culturally based apprehension diversion program, Residents in Recovery strongly believe that a family that heals together has a greater chance at long-term abstinence and positive outcomes.

Residents are provided with a combination of group psychoeducation, group therapy, individual counselling, parenting skill development, and life skills development. Utilizing several evidence-based curriculums and cultural supports, individuals work through their addiction and trauma and begin to heal. For individuals and mothers, the opportunity to take a long-term approach to healing offers the chance to work through family of origin issues and trauma. For those in the family program, since addiction affects the entire family, children partake in their own healing journey. Utilizing play therapy and developmental assessments, children begin to work through their own trauma and address developmental delays. Over time, individuals and the family heal, routine becomes second nature, individuals and the family unit begin to laugh once more.

Accommodations:

Individual Sober Living: Each resident has their own private room in a sober living home. All bedrooms come fully furnished. The common area includes a living room, bathroom, kitchen, and yard. Residents are required to sign a rental agreement, including conditions of residency.

Family Treatment - Stage 1: Each family has their own private room in the Family Healing Center. All bedrooms come fully furnished with their own 4-piece bathroom. The common area includes a living room, playroom, dining room, kitchen, and yard.

Family Sober Living – Stage 2: Each family has their own private 2, 3, or 4-bedroom unit in a Family Healing Complex. All units come fully furnished including in-suite laundry. Residents are required to sign a rental agreement, including conditions of residency.

Meals

Meals are not provided for residents in the Individual and Family Sober Living Programs. Residents are supported with community food resources as well as budgeting to ensure income is appropriately allocated. All Sober Living homes are provided with a weekly food hamper.

Families in the Family Healing Center are provided with all food needs. Mothers in this home are supported with cooking healthy meals in accordance with the Canada Food Guide.

CRITICAL INCIDENTS

Once admitted, residents have access to conflict resolution and written grievance procedures. Upon intake, all residents are informed of their rights and receive a copy of reporting and grievance procedure. Residents are made aware that any grievance submitted will be recorded privately in their file and reviewed by the Executive Director, and Board of Directors Grievance Committee if necessary.

Critical Incident Contact

A Critical Incident means an incident causing serious injury or death to a client of a service provider while receiving services or within two months after services cease.

In the event of a Critical Incident, my contact person is:

Name (First and Last): _____

Phone Number: _____

Relationship to Resident: _____

E-Mail: _____

QUALIFICATIONS OF SERVICE PROVIDER

Residents in Recovery staff are passionate about what they do and are committed to serving all residents, including the children, with love, compassion, dignity, respect, integrity, and accountability. Our management team are all people with lived experience and have a variety of skills to manage the organization. The counselling staff all have a master's degree in related fields. The Family Mentors and Support Workers all have prior experience and/or training. Support Workers have First-aid Training, ASIST training, Addictions Training, Trauma-informed Training, Indigenous Awareness training and other work-related training.

PROGRAM COSTS

Monthly rent for the Individual Sober Living program is \$540.00 per month and is due on the first of each month. Rent can be paid by cash, e-transfer, or debit. Individuals on Income Support will be required to consent to third party payments from Income Support.

Monthly rent for residents in the Family Treatment Program stage 2, Family Sober Living, is based on a sliding pay scale reflective of what each resident is receiving from income support. Rent is based on the current Shelter Allowance portion of each family's Income Support payment.

Program fees for the Family Treatment Program (Stages 1 and 2) are to be arranged prior to admission through one of the agencies listed below. Except in private pay situations, the family entering the program is not responsible for payment of fees for the Family Treatment Program. This is the responsibility of the agency. The level of care required, and duration of the program is also determined by the agency as it is determined by a careful consideration of child safety and care.

- First Nation Child and Family Services Agency
- Ministry Child and Family Services Agency
- First Nation Prevention team
- Jordan's Principle
- Private Pay Arrangement

Residents in Recovery will provide a program price quotation, prior to service commencement, to any agency or Jordan's Principle grant writer. Agency placement of families into the program acknowledges the terms of the quotation and the right that the individual has to enter into a Service Contract for services being provided on behalf of the agency funding the treatment program. It is understood that the decision not to enter into a Service Contract and to not partake in the program, may result in the children being apprehended or continue to be in care.

PERMITTED MEDICATIONS

Residents in Recovery recognize the importance of managing cooccurring mental health disorders while addressing substance use issues. As such, careful consideration is made with regards to medications that are approved and not approved. All allowed medications require a current doctor's prescription and staff will advise on location and storage requirements based on the medication.

ALLOWED

Prescription required for all controlled substances:

- Buprenorphine/naloxone (Suboxone)
- Methadone
- ADHD medications such as Methylphenidate (Ritalin, Concerta, Biphentin), Lisdexamfetamine (Vyvanse)
- Pregabalin
- Anti-depression medications
- Social Anxiety medications (except benzodiazepines)
- Bipolar Disorder medications
- Schizophrenia medications

NOT ALLOWED

Opioids, including,

- Codeine & Codeine-containing products (eg. Tylenol #3)
- Morphine (Kadian), Hydromorphone (Dilaudid), Oxycodone (Percocet, OxyNeo)
- Fentanyl, Meperidine (Demerol), Tramadol (Zytram, Ralivia, Tridural)

Benzodiazepines (Except in special circumstances):

- Alprazolam (Xanax), Lorazepam (Ativan), Clonazepam (Rivotril), Diazepam (Valium)

Miscellaneous:

- Gabapentin
- All Cannabis products

Note: This list is not exhaustive, as other medications may be subject to restriction.

CONDITIONS OF RESIDENCY

All adults receiving services from Residents in Recovery must struggle with addiction and have a desire for an abstinence-based life in recovery. All residents admitted into a residential program are expected to abide by the Conditions of Residency signed at time of admission, participate in programming, and be actively engaged in their recovery.

Residents are given a Resident Handbook upon admission that provides further detail on all terms and conditions for receiving services. These Conditions of Residency promote a healthy lifestyle and contribute to a safe and healthy environment for all participants in the program. Consistent failure to abide by these conditions, may lead to dismissal from the program.

The following are Grounds for Dismissal and will result in IMMEDIATE discharge from the program and termination of services:

1. IMMEDIATE dismissal for the use of drugs or alcohol and/or if drugs, alcohol or weapons are brought onto any Residents in Recovery property.
2. IMMEDIATE dismissal for engaging in any form of intimate relationship, sexual contact, or sexual conduct during residency.
3. IMMEDIATE dismissal for breaching court orders and/or breaking the law.
4. Abusive behavior of any kind will not be tolerated and may result in an immediate dismissal.

Please initial each box confirming that you understand the condition being described and acknowledge that you are willing to comply.

- | | |
|---|--|
| <input type="checkbox"/> I am willing to make a minimum 9-month commitment to my recovery, and to attend treatment if required. | <input type="checkbox"/> I am aware the use of sexual paraphernalia is prohibited and will be confiscated if brought into center upon intake. |
| <input type="checkbox"/> I am aware that I will be drug tested and I must be abstinent from all substances for 7 days prior to admission. Social detox may be available in the Family Healing Center. | <input type="checkbox"/> I am physically capable of participating in programming and walking to group. Approximately 4 blocks. |
| <input type="checkbox"/> I will be medically detoxed and no longer showing withdrawal symptoms, unless socially detoxing in the Family Healing Center (upon approval). | <input type="checkbox"/> I am aware that residents are subject to random drug testing and room searches. |
| <input type="checkbox"/> I am aware that there is a zero tolerance for substance use and understand that any use will result in my discharge. | <input type="checkbox"/> Upon admission and after any pass, I am required to have bags quarantined and checked, plus I will be drug tested. I will not bring more than two bags per person at admission, plus personal child toys and items. |
| <input type="checkbox"/> I am aware that gambling is prohibited and that I will be discharged if I continue to gamble. | <input type="checkbox"/> I am not allowed a vehicle while in the Family Healing Center program. Other programs, upon approval. |
| <input type="checkbox"/> I am aware I must transfer all medications to the Residents in Recovery partner pharmacy, Lloyd Drug Mart. | <input type="checkbox"/> I am aware that all residents have access to an Elder. |
| <input type="checkbox"/> I agree to pay a \$500 Damage Deposit and understand monies will be deducted for early termination, cleaning, storage of belongings, unpaid rent and damage. | <input type="checkbox"/> I am aware smoking and vaping is permitted in designated areas only. Nicotine replacement therapy is available upon request. |
| <input type="checkbox"/> I agree to apply for and am willing to consent to third party payments from Income Support. | <input type="checkbox"/> I am aware I must provide at least one safe emergency contact who may be notified upon arrival and exit of the program. |
| <input type="checkbox"/> I am aware that electronics and cell phones are prohibited while in the Family Healing Center and for the first month is Family Sober Living. No social media. | <input type="checkbox"/> I am aware that this is an intensive treatment program that requires active participation in every group. |
| <input type="checkbox"/> I agree to not be participating in any form of romantic/sexual/intimate relationships as long as I am a resident in any Residents in Recovery program. | <input type="checkbox"/> I am aware that I am required to sign a Consent for Services at intake. |
| | <input type="checkbox"/> I am aware that I must declare any real, potential, and perceived conflicts of interest. |

APPLICATION SIGNATURE

I acknowledge that the information provided in this application is true and factual, to the best of my knowledge. I further acknowledge that, if any information provided in this application is found to be false, or I have omitted important information, it may result in my discharge from the program.

I have read in full and agree to the terms of services outlined in the Service Contract. By signing below, I agree to the terms and services being provided by Residents in Recovery Society.

First and Last Name

Signature

Date signed - (yyyy-mm-dd)

E-mail the completed application and Service Contract to admissions@residentsinrecovery.com.

**Please note that incomplete or unsigned documents will result in a delay, and possibly a rejection, of the application.