



# FAMILY TREATMENT REFERRAL

*To be completed by the Referring Agency.*

Residential Treatment for families is most effective when all agencies are working collaboratively, with family healing being the goal. Healing families, as a result of addiction, requires a long-term wholistic approach that focuses on coping, parenting, trauma, attachment, culture, emotional regulation and relationships. In order to adequately address each of these topics in a structured and timely approach, a long-term treatment program is necessary.

Extensive data from over 120 family treatment stays, indicates overwhelmingly that families that remain in the program for a period of at least 9 months, have significantly improved long-term outcomes. In order to promote the long-term health of our families, it is imperative that referring agencies work collaboratively towards motivating mothers to remain in the program, until they are clinically ready to transition into independent living. It has been our experience that, agencies that are up-front with their clients that the program is a nine-month program and that they will be required to complete before their file is closed, have much better outcomes. Agencies that work slowly to build an organic safety network, meet with their families at least once a month (every two weeks at the start), and do not make any decisions on the file without clinical consultation first, can expect long-term success for their families, without recidivation

Our goal is the same as yours, to ensure that our families have the healing that is necessary for a life that is drug and alcohol free. The following information is necessary to foster a collaborative healing journey where our families feel supported with the same message from both of us. Please fully complete this form and submit along with the application.

## REFERRAL INFORMATION

Name of individual completing form: \_\_\_\_\_

Position and

Relationship to Applicant: \_\_\_\_\_

Do you understand that the Residents in Recovery Family Treatment Program is a nine-month, two-stage treatment program?                      YES      NO

Have you communicated this and other program details to the client?                      YES      NO

Name of Mother being placed in Family Treatment: \_\_\_\_\_

## PROGRAM FEES

### Stage 1 – In-patient at Family Healing Center

*The following one-time fees are charged and due upon intake.*

Program Intake Fee: \$595.00

Damage Deposit: \$500.00 (Paid by Mother in installments)

Day Rate Billed Monthly - Mother and First Child: \$485.00 per day

Second Child: \$95.00 per day

### Stage 2 – Independent Living at Family Healing Complex

Day Rate Billed Monthly - Family: \$195.00 per day, until such time that mother begins receiving Child Tax Benefit, then \$95.00 per day.

## BILLING INFORMATION

Program funding for this family will be provided by the following:

AGENCY      JORDAN'S PRINCIPLE

If Agency, billing will be submitted monthly on the first of each month. Please complete the following for our bookkeeper:

Bill To: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

A/P Contact: \_\_\_\_\_

A/P Phone: \_\_\_\_\_

A/P E-mail: \_\_\_\_\_

If Jordan's Principle, admission will have to be confirmed by Executive Director. Due to the length of time required for Jordan's Principle approval, a limited number of families awaiting a approval at one time are available. A referral letter from the Protection Worker, indicating why the program (apprehension diversion or reunification) will benefit the child, will be required.

**CHILDREN INFORMATION (List only those be placed in Family Healing Center)**

*A maximum of two children are permitted to stay at the Family Healing Center.*

Name of Child 1: \_\_\_\_\_ Age: \_\_\_\_\_

Is this child in care, or at risk of apprehension?      IN CARE    AT RISK    NEITHER

If in care or at risk, is there a legal agreement or standing with this child?    YES    NO

Legal Standing or Agreement: \_\_\_\_\_

Agency: \_\_\_\_\_ Phone: \_\_\_\_\_

Protection Worker: \_\_\_\_\_ Phone: \_\_\_\_\_

After hours emergency phone number: \_\_\_\_\_

If mom decides to leave the program unexpectedly, is she allowed to take this child with her, or are we to keep the child until suitable and safe arrangements can be made?

ALLOWED TO TAKE CHILD      CHILD IS TO BE HELD BACK

Name of Child 2: \_\_\_\_\_ Age: \_\_\_\_\_

Is this child in care, or at risk of apprehension?      IN CARE    AT RISK    NEITHER

If in care or at risk, is there a legal agreement or standing with this child?    YES    NO

Legal Standing or Agreement: \_\_\_\_\_

Agency: \_\_\_\_\_ Phone: \_\_\_\_\_

Protection Worker: \_\_\_\_\_ Phone: \_\_\_\_\_

After hours emergency phone number: \_\_\_\_\_

If mom decides to leave the program unexpectedly, is she allowed to take this child with her, or are we to keep the child until suitable and safe arrangements can be made?

ALLOWED TO TAKE CHILD      CHILD IS TO BE HELD BACK

Are there other children in care?    YES    NO    How Many? \_\_\_\_\_

Are there other children in private placement?    YES    NO    How Many? \_\_\_\_\_

**E-mail or fax completed form to [admissions@rinr.ca](mailto:admissions@rinr.ca) or (587) 800-1453.**