

Referrals must be from a professional source.

If you do not have a referral source, please apply by contacting Intake at (204)-586-8395

## To all referral sources

Please ensure all questions are answered or the application is considered incomplete and will be returned.

### **BEFORE YOU SUBMIT THIS REFERRAL. PLEASE MAKE SURE THE FOLLOWING:**

- ✚ If the Medical Assessment Form is not submitted with this application the referral package will be considered incomplete and returned.
- ✚ If participant does not show up, withdraws, or is discharged prior to completion, there is a 6-month waiting period to reapply.
- ✚ Please read and sign the Covid Protocol and Proof of Vaccination is required.

In the work we do with our Indigenous Community is to Empower individuals in their journey of healing and recovery of addictions. The Native Addictions Council of Manitoba (N.A.C.M.) has a Sacred Responsibility in the work we do. In light of the tragic history of Canada in the process of assimilation and genocide, here at N.A.C.M. we want to begin decolonizing our language, approach, and perspective in working with Indigenous People. We want to continue to walk in a Good Way that is in line with the Seven Sacred Teachings: Love, Respect, Courage Honesty, Wisdom, Humility and Truth. We will no longer refer to those in our programs as “clients”, “patients” – the root of these words are disempowerment. N.A.C.M. works in a strength-based way and as Indigenous People, we know what our communities and families need. We are family, our language will change to “relatives”, “applicants” and “participants”. Indigenous People are strong, resilient and we will honor people that struggle with addictions through kindness, love, respect, and empowerment. We are grounded by a Sacred connection to Mother Earth, and N.A.C.M. will walk alongside our Relatives in their Journey of Healing.

N.A.C.M refers to our brothers and sisters as applicants, participants, and relatives. Our language will reflect those terms in our packages, forms, and written/verbal communications.

**NNADAP** are required to meet and assess your applicant a minimum of 3 visits prior to completing this referral package. We want to ensure that the applicants who are coming for healing are committed to this process.



## Native Addictions Council of Manitoba

160 Salter St Winnipeg, MB R2W4K1  
Phone (204) 586-8395 Fax (204) 589-3921  
email: [Intake@nacm.ca](mailto:Intake@nacm.ca)

### **In-House Healing Program (5 weeks)**

**\*\*Please Note** *currently we are not offering any live in programming, our goal is to resume live in programming in the new year – stay tuned. This is due to some of the challenges of the global pandemic and restrictions.*

In House Healing program offered is 5-week cycle which entral Indigenous Traditional Practices and a program of Discovery and Empowerment. It focuses on Healing from Trauma and addiction with Love, Strength, and Power.

Indigenous Traditional Practices Offered:

- Daily Smudging and Prayer
- Sharing Circles
- Ceremonies – Welcoming Ceremony, Calling Back the Spirit, Feasting the Spirit, Blanket Ceremony, Circle of Life Teachings, Knowledge Keeper and Elder Teachings
- Sweat
- Land-based Cultural Days – medicine picking, walks, crafts, and activities



### **Recovery and Follow-Up Care Program**

Upon Successful Completion of 5-week In-House Healing Program &/or any other addiction treatment program within 6 months period, you can register for follow-up care program. Follow up Care builds capacity in our participants with support, one & one counselling, sharing circles and 3 days of SMART RECOVERY Group sessions. SMART RECOVERY is abstinence-oriented that is self-empowering and creating mutual support meetings. It focuses on learning coping skills, self-awareness and change for short-term and long-term journey to recovery. Including Indigenous Traditional Practices and Land-Based Activities which are the core of follow-up care program.

**We Welcome all others that need additional supports in their recovery and road to sobriety.**



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### Admission Criteria for N.A.C.M. In House Healing Program

- Applicants must be 18 years of age or older
- NACM provides traditional Indigenous Practices. The belief of N.A.C.M. is that our relatives have the right to healing safety, growth, and wellness.
- Applicants are required to be fully vaccinated and must provide proof of vaccination to attend in person. If applicant is not vaccinated, please contact your nearest covid vaccination site.
- Applicants must be Covid-19 negative prior to admission.
- All** accepted applicants must be abstinent for a minimum of 7 days prior to intake day. No Exceptions
- All legal, medical, education, employment, and social matters, must be dealt with before admission.
- Childcare must be arranged prior to programming as we do not provide childcare.
- Applicants will be ineligible if they currently have family members who are employees of N.A.C.M. In this case, the applicant can be referred to another center or resource.
- Sexual offenders are not accepted unless treatment is deemed satisfactory through consultation with the assessment team
- Applicants currently in correction facilities cannot be directly released to our center.
- Applicants on DRT (drug replacement therapy) such as suboxone, methadone, etc. will be assessed on an individual basis for consideration
- Applicants must agree to drug screening as we are a total abstinent program.
- Due to health reasons, women from rural communities in their third trimester of pregnancy will not be eligible.
- Applicants are to be physically and mentally capable of participating in programming
- Cell Phones** – participants will not have access to their electronic devices during programming.
- ALL** medications must be packaged in bubble packs, or they will not be accepted. (For live in only)

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_



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## To Be Completed by Intake or the Referral Source

Date of Application: \_\_\_\_\_ Date for Assessment: \_\_\_\_\_

Program Applying For: \_\_\_\_\_ Participant ID: \_\_\_\_\_

### Vaccination

- Are you fully vaccinated?
- Do you have proof of vaccination? *You will need to bring that with you so that we can attach a photocopy*

### Pre-screen Questions

1. Are you over 18 years of age? ..... Yes / No
2. Do you currently have any family members who are employees of our organization? ..... Yes / No
3. Are you pregnant? ..... Yes / No **or** N/A What is your due date? \_\_\_\_\_
4. Do you have any physical challenges that would affect your mobility during programming? ..... Yes / No
  - a. If yes, please explain: \_\_\_\_\_
5. Have you been diagnosed with any mental health conditions? ..... Yes / No
6. What is the diagnosis? \_\_\_\_\_
7. Are you being treated for that diagnosis? ..... Yes / No **or** N/A
8. Are you on any DRT (drug replacement therapy) such as Methadone or Suboxone? ..... Yes / No
  - a. If so, what is your dosage \_\_\_\_\_
  - b. How long have you been on this dose? \_\_\_\_\_
9. Are you taking any Benzodiazepines or Opiates? ..... Yes / No  
*(These medications are not permitted regardless of prescription or illness)*

### Personal Information

Full Legal Name: \_\_\_\_\_ Other Names Used: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Other form of contact: \_\_\_\_\_



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## Gender

- Female       Male       Two-Spirit       Pronoun

## Marital Status

- Single       Married       Common-Law       Other

**Name of Spouse:** \_\_\_\_\_

**Manitoba Health Card Number:** \_\_\_\_\_ (6-digit number on the front of your MB health card)

**Personal Health Identification Number (PHIN):** \_\_\_\_\_ (9-digit number on back of card)

## Status

- First Nation       Metis       Inuit

First Nation Community: \_\_\_\_\_

Treaty/Status Card Number (10digits) \_\_\_\_\_

Do you speak your language?

- English       Cree       Ojibway       Other

## Education:

- Completed high school       Not completed high school       Some post-secondary

## What is your current source of Income?

- Employed       Employment and Income Assistance (EIA)       Stay at home parent  
 Unemployed       Employment Insurance (EI)       School

## Do you currently have any involvement in the Legal System (check all that apply)

- Parole       Family Court       No Contact Order  
 Probation       House Arrest      *With whom* \_\_\_\_\_  
 Bail       Court Date  
 Charges Pending      \_\_\_\_\_       No Involvement

Do you have any past or present charges of violence, sexual assault or charges involving children? Yes / No

## Next of Kin in Case of Emergency:

- Name: \_\_\_\_\_
- Relationship to you: \_\_\_\_\_
- Phone: \_\_\_\_\_



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### Treatment History

Have you participated in a treatment program before? ..... Yes \_\_\_ No \_\_\_

Date:	Center Name:	Completed? <i>Yes or No</i>

If you are accepted, you must be abstinent for 7 days prior to the start of the program. You will be required to sign an abstinence agreement at your intake assessment which will state that you will be tested on your first attendance; if positive, you will not be permitted to participate and will be discharged immediately.

### Intake Notes:



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### **The Referral Source is required to fill out this section; pages 7 - 9**

(Referral Sources are Detox, Child and Family Services, Health Sciences Center Addictions Unit, NNADAP, Courts, Employment and Income Assistance or any other community organizations.)

**If you do not have a referral source, please apply by calling Intake at (204) 586-8395**

- **All Referral Information below must be completed and up to date as they will be listed as the contact and follow up for the applicant**

Referral's Name (print): \_\_\_\_\_

Referral Organization: \_\_\_\_\_

Referral phone #: \_\_\_\_\_

Referral fax #: \_\_\_\_\_

Referral email: \_\_\_\_\_

Referral Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### **Transportation:**

**NNADAP** will be responsible for travel arrangements prior to admission and for participant's return home. Admissions from rural communities will not be confirmed without travel arrangements in place

**\* Incomplete forms submitted by the referral source will not be assessed and will be sent back to the referral to be completed.**

**This will delay the intake process and the applicants next available assessment or potential program date**



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1. Have you completed 3 pre-treatment appointments with the applicant prior to the intake package being completed? Yes / No

If not, please explain why

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2. Has the applicant attended Detox? ..... Yes / No

a. If yes, what dates: \_\_\_\_\_

3. Has the applicant been made aware that they need to be drug and alcohol free 7 days prior to arriving at N.A.C.M.?..... Yes / No

4. Please describe the applicants plan to remain abstinent for 7 days prior to attending as well as during N.A.C.M. programming:

a. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Is the applicant aware that specific prescriptions medication will not be permitted during treatment? **These include Benzodiazepines and Opiates. (Some examples are Xanax, Valium, Ativan, Temazepam, OxyContin, Morphine, Fentanyl, Codeine)**

6. What is your assessment of the applicant's readiness treatment?

- Pre-contemplation – not considering change
- Contemplation – unsure of whether to change. Chronic indecision
- Determination – preparation; committed to changing behavior within one month
- Action – began changing behavior
- Maintenance – behavior change has persisted for 6 months or more

Notes:

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7. What issues does the applicant need to address while they are in program?

a. \_\_\_\_\_  
\_\_\_\_\_

8. What other supports will be available to your applicant in their community upon completion of N.A.C.M. In- House Healing Program?

a. Name of resource: \_\_\_\_\_  
Description of support  
\_\_\_\_\_

b. Name of resource: \_\_\_\_\_  
Description of support  
\_\_\_\_\_

9. Are they attending any 12 step groups / meetings in their community? .....Yes / No

10. What is your involvement going to be with the participant upon completing the N.A.C.M. Program?

a. \_\_\_\_\_  
\_\_\_\_\_

Referral source's assessment of applicant's strengths and potential challenges for completing treatment:

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Referral Source signature: \_\_\_\_\_

Date signed: \_\_\_\_\_



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## Applicant Assessment

**This section is only to be completed by the applicant**

1. Please explain in your words what has brought you to the decision to apply for programming at N.A.C.M. at this time:

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2. Please describe in your own words how your chemical use has affected your life.  
*(e.g., negative consequences, patterns, effects on family, employment, health, etc.)*

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3. What substance are you seeking treatment for currently?

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4. Do you participate in gambling? .....Yes / No

- a. What types of gambling do you participate in? *(e.g., VLT's, Bingo, Lottery, etc.)*

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5. How long have you known you have a problem with drugs and/or alcohol?

- a. \_\_\_\_\_

6. What issues would you like to address while you are in programming?

- a. \_\_\_\_\_

- b. \_\_\_\_\_

- c. \_\_\_\_\_



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7. Are you willing to participate in all NACM cultural activities? .....Yes / No
8. Are you sincerely ready to start your healing journey? ..... Yes / No
9. Are you willing to commit to participating in the 5-week In-House Healing Program and the 4-week Follow Up Care?.....Yes / No
10. Do you have any special needs or challenges we need to be aware of? ..... Yes / No  
(*e.g., reading, writing, hearing, stairs, etc.*)
  - a. \_\_\_\_\_
  - b. \_\_\_\_\_
11. Do you attend any community support groups? ..... Yes / No  
If yes, please list them and for how long you have attended
  - a. \_\_\_\_\_
  - b. \_\_\_\_\_
  - c. \_\_\_\_\_
12. How old were you the first time you used any substances? \_\_\_\_\_  
Please explain the experience:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
13. What age did the regular drinking and or drug use begin? \_\_\_\_\_
14. What consequences did you face because of your substance use?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
15. Please list any supports or organizations you are currently involved with:
  - a. \_\_\_\_\_
  - b. \_\_\_\_\_
  - c. \_\_\_\_\_



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### 16. Chemical use and history chart:

Type:	Check all substances used	Age of first use:	Frequency / How often used; (daily, weekly, monthly):	Date of last use (M/D/Y):	Withdrawal seizure history (*)
Alcohol *					
Cannabis (pot, hash)					
Cocaine/Crack					
Crystal Meth					
Heroin					
Hallucinogen (acid, mushrooms, PCP)					
Barbiturates					
Benzodiazepines *					
Illicit Methadone					
Prescription Drugs					
Over the counter drugs (cough syrup, Graval)					
Opiates (i.e., Tylenol #3, Percocet, OxyContin)					
Inhalant					
Amphetamine					
Tobacco					

### 17. Do you struggle with any of these other potential addictions?

- |                                   |                                   |
|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Eating   | <input type="checkbox"/> Internet |
| <input type="checkbox"/> Sex      | <input type="checkbox"/> Facebook |
| <input type="checkbox"/> Shopping | <input type="checkbox"/> None     |

### 18. When you go through withdrawal, do you experience any of the following:

- |                                   |  |                                |
|-----------------------------------|--|--------------------------------|
| <input type="checkbox"/> Tremors  | <input type="checkbox"/> Nausea/vomiting | <input type="checkbox"/> Pain  |
| <input type="checkbox"/> Paranoia | <input type="checkbox"/> Insomnia        | <input type="checkbox"/> Other |
| <input type="checkbox"/> Seizures | <input type="checkbox"/> Hallucinations  |                                |



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19. What is the longest period of abstinence you have had? \_\_\_\_\_

a. What led to relapse? \_\_\_\_\_

20. Is this program mandatory? ..... Yes / No

a. If yes, by whom? \_\_\_\_\_

21. When was your last use? \_\_\_\_\_

22. What did you use? \_\_\_\_\_

23. Have you ever used needles? \_\_\_\_\_

24. Have you been tested for HIV, Hepatitis C and STI's in the last year? ..... Yes / No

25. Any significant physical changes in the last year? (Weight, health etc.) ..... Yes / No

a. What were the changes?

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26. Have you been diagnosed with any mental health conditions? ..... Yes / No

27. What is the diagnosis? \_\_\_\_\_

28. Are you being treated for that diagnosis? ..... Yes / No

29. Are you currently on psychiatric medication? ..... Yes / No

30. Have you had any previous suicide attempts? ..... Yes / No

31. Any current thoughts of suicide? ..... Yes / No

32. Have you been hospitalized for suicide attempts or self-harm behavior? ..... Yes / No

33. Any current thoughts of suicide or self-harm? ..... Yes / No  
*(Self-harm is described as cutting or inflicting pain on yourself)*

34. Are you currently under the care of a psychologist or psychiatrist? ..... Yes / No

If yes, Name and contact information

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Participant Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Date of Assessment: \_\_\_\_\_

NACM Program \_\_\_\_\_

Counsellor Name: \_\_\_\_\_

Counsellor Signature: \_\_\_\_\_

Dated: \_\_\_\_\_

### Outcome of Assessment

Accepted

○ Program: \_\_\_\_\_

○ Start Date: \_\_\_\_\_

Not Eligible

○ Reason for ineligibility \_\_\_\_\_

Referred to outside resources and/or programs

○ Complete a referral form and attach to the file (referral forms can be found on the shared drive)





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### Abstinence Agreement

N.A.C.M. is a total abstinence center. Our goal is to help the participant heal and live a sober, healthy life and the healing begins with making a commitment to that journey.

N.A.C.M. requires everyone accepted into the In-House Healing Program, to remain abstinent 7 days prior to their first attendance of the program.

N.A.C.M. will conduct random drug screening to ensure you have adhered to this agreement.

If you test positive, it will be a violation of this agreement and you will be discharged

I understand and accept this agreement.

I \_\_\_\_\_ Participant name  
(Please print)

agree to remain abstinent 7 days prior to my first attendance of the In-House Healing Program and I understand that if I test positive, I will not participate and will be discharged.

\_\_\_\_\_  
Participant signature

\_\_\_\_\_  
Date: (m/d/y)

\_\_\_\_\_  
Referral Source or Counsellor Name (please print)

\_\_\_\_\_  
Referral Source or Counsellor Signature

\_\_\_\_\_  
Date: (m/d/y)



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## \* Consent to Share Treatment Records \*

**IMPORTANT:** This form is mandatory, and must be signed by the applicant

This form is **NOT** the same as [Consent for the Release of Confidential Information](#).  
There is a separate form for that if required.

Native Addictions Council of Manitoba (N.A.C.M.) staff will not disclose information received in confidence without written permission of our participant.

Your information will always be handled in accordance with the Freedom of Information and Protection of Privacy Act (FIPPA) and the Personal Health Information Act (PHIA)

The purpose of this consent is to obtain your permission regarding collecting and sharing information in the AMIS (addiction management information system) database.

AMIS does three things:

- It collects collective information to allow us to make program improvement and treatment decisions for the community we serve.
- It provides a more secure electronic method for us to transfer confidential health information about you to other centers that are or will be treating, you.
- It allows other centers to electronically disclose their confidential health information about you to us if we request your information for your healing with us.

\* I \_\_\_\_\_ hereby authorize the N.A.C.M. to release and obtain information relevant to my assessment and healing journey with other treatment centers.

If you have read and understand this consent, please sign, and date below.

\* \_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date (m/d/y)

\* \_\_\_\_\_  
Referral Source or Counsellor Signature

\_\_\_\_\_  
Date (m/d/y)



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### Drug Screening Tool Policy

N.A.C.M. is a total abstinence center. Our goal is to help the participant heal and live a sober, healthy life and the healing begin with staying abstinent.

Our programs will require each individual participating in our programs, to remain abstinent through-out the duration of the program.

N.A.C.M. uses drug screening tools to baseline your substance use upon entering program and through-out your stay here.

I agree and understand this policy.

I \_\_\_\_\_ hereby consent to being drug screened as requested  
Participant name: *(please print)* by N.A.C.M.

\_\_\_\_\_  
Participant signature

\_\_\_\_\_  
Date: *(m/d/y)*

\_\_\_\_\_  
Referral Source or Counsellor Name *(please print)*

\_\_\_\_\_  
Referral Source or Counsellor Signature

\_\_\_\_\_  
Date: *(m/d/y)*



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# Native Addictions Council of Manitoba (N.A.C.M.)

## Covid-19 Participants Protocol



Created by

N.A.C.M. Health and Safety Committee



## Native Addictions Council of Manitoba

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4. Sanitization

#### Preamble

Native Addictions Council of Manitoba (N.A.C.M.) is committed to providing a safe and healthy environment for participants, staff, volunteers, and visitors.

N.A.C.M. will be following all Provincial Public Health orders and are dedicated to taking all precautions necessary to minimize the risk and impact of COVID-19 with-in our facility

We at N.A.C.M. have set in place Covid-19 procedures and protocols to ensure that we are keeping our staff and participants safe during this time.

***“Creator gave us one of the greatest gifts of life...health...to be healthy holistically in mind, body and spirit. Through spiritual guidance and harmony, we will continue to preserve life in the best ways that we have been taught by our elders, our parents, and our communities. We will continue to preserve our survival as a healthy organization for all Anishinaabe and other cultures for our future generations to come.”***



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### 1. Prior to Arrival to N.A.C.M.

NNADAP and Chief and Council should have a hotel set in place for their members to go to if they test positive for Covid-19 prior to being accepted into the N.A.C.M. Program.

- a) Participants are required to be fully vaccinated and provide proof of vaccination
- b) Quarantine
  - i. Participants are expected to quarantine themselves for 14 days prior to arrival to N.A.C.M. if coming from rural communities
- c) Testing
  - i. Participants from rural communities are required to be tested for Covid-19, three days prior to their departure to N.A.C.M.
  - ii. Participant must be negative for Covid-19, before entering the N.A.C.M program.
  - iii. If a participant develops any signs and symptoms of Covid-19, during their stay at N.A.C.M., they will be sent to a nearby Rapid Testing Site to be tested.
  - iv. If the test result is positive, then the participant will be transported /referred to the Alternative Isolation Accommodations.
    - ✚ For the participants who reside in Winnipeg, they will be sent home and referred to Health Links for further instruction.
  - v. If the test result is negative, the participant will be sent home and will be brought back at the next available cycle and if they test negative for Covid-19
    - ✚ For participants who reside in Winnipeg, they will be sent home until they are 24 hours symptom free.

### 2. Personal Hygiene

- a) Hand Washing
  - i. Personal hygiene includes regular hand washing with soap and warm water for at least 15 seconds and the use of alcohol-based hand sanitizer.
  - ii. Good hand hygiene provides significant protection from many infections, including viral respiratory illnesses such as influenza and Covid-19.
  - iii. Participants and staff are encouraged to take all prevention measures.
  - iv. Make sure to thoroughly dry your hands after washing and allow your hands to dry after using hand sanitizer.



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- b) Cover your Cough/Sneeze.
  - i. Always cover your mouth or nose with a tissue, or the crook of your arm/sleeve when coughing or sneezing.
  - ii. Throw all used tissue into the garbage, wash or sanitize hands immediately after.
- c) Wearing a Mask
  - i. Wearing a mask is mandatory in any public areas of the N.A.C.M. building.
  - ii. You may remove your mask in the safety of your bedroom or when eating meals.

### 3. Social Distancing

Physical distancing works by limiting the number of people that you, and your family, come into close contact with (2 meters/6 feet). Physical distancing should be always practiced with people from outside your household, except for very brief exchanges.

N.A.C.M. Physical Distancing

- a) Please ensure you keep to either side of the hallway when passing others.
- b) Only 2 people permitted in elevator at one time.
- c) Keep 6 feet or more between you and another person when in public spaces.
- d) Only yourself is allowed in your room, this is not just covid protocol but is a N.A.C.M. policy.
- e) No visitors shall be permitted in the building due to provincial health guidelines and N.A.C.M. Covid-19 protocols
- f) Participants will not be permitted to leave N.A.C.M. property during their stay.

### 4. Sanitization

Cleaning with soap and water reduces several germs, dirt, and impurities on the surface. Disinfecting kills any remaining germs, which further reduces the risk of spreading infection and/or Covid-19.

- a) Practice routine cleaning and disinfecting in high traffic areas and on surfaces. Frequent cleaning and disinfecting may be required depending on the level of use.
- b) Surfaces and objects in public places such as counters, tables, handrails, doorknobs, phones, toilets, and taps must be cleaned on a regular basis before and after each use.
- c) Participants will be responsible for the cleaning and disinfecting of their rooms and bathrooms (sinks, toilets, bathtubs etc.)

*Any participant not following Covid-19 protocols set out by Native Addictions Council of Manitoba will be discharged.*

**I have read and acknowledged these protocols.**

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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160 Salter St Winnipeg, MB R2W4K1  
Phone (204) 586-8395 Fax (204) 589-3921  
Email: [Intake@nacm.ca](mailto:Intake@nacm.ca)

### Rules and Responsibilities While you are Here:

#### Phone calls and visits:

- Due to Covid-19, there will be no visitors allowed on premises.
- There are no phone calls during programming. Cell phones must be turned off.  
(Live in participants will only have access to the payphone outside of program times)
- Appointments:
- Participants are to make programming priority. Appointments will need to be made outside of programming times.

#### Electronic Devices:

- There are no electronic devices permitted to be used during program.  
(Live in participants are not permitted to have any electronic devices including cell phones, tablets, earbuds, laptops, or iPod and iPad during your 5-week program)

#### Drug Screening:

- A baseline screening will be done when you first arrive, and then random drug screening will continue during your program.
- Substances that show up in the baseline drug screen will not result in a discharge. This first drug screen helps counsellors know how to support you moving forward.
- Refusing or failing a drug screen after the first baseline will result in discharge.
- We are total abstinence program including any drug replacement therapy. If you are on Suboxone, methadone, or other DRT's, you will need to leave, detox, and reapply after 6 months.

#### Legal/Court Conditions:

- Participants must adhere to the conditions provided in their probation, parole order and no contact order if any of these are in place.

#### Alcohol/Illicit Drugs:

- Participants who abuse any substances including alcohol or bring in any substances and/or paraphernalia will be discharged immediately.

#### Smoking:

- Smoking is not permitted inside the building; use the designated area outside.
- No smoking within 25 feet of any doorway





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### Elevator:

- Due to Covid-19 protocol, only 2 people are allowed in the elevator at one time.
- Please try to only use the elevator if there are mobility or physical issues.
- No jumping in the elevator at any time

### Alarm system:

- The alarm system is always armed; only use the emergency doors in case of an emergency or when the alarm rings.

### Personal Involvement:

- Participants will not engage in romantic or sexual relationships with other participants or staff. This behavior will result in discharge from the program.

### Conduct:

- Participants are responsible to keep all areas clean; no cigarette butts on the ground, no trash on the grounds and pick up after yourself.
- Participants are asked to always wear footwear, clean, and non-revealing clothing.
- The front door is always locked, and members will need to ring the doorbell for access.
- Participants are not to open the front door for anyone unless directed to do so by N.A.C.M.

### Participation:

- Participants are expected to be on time to all programming and participate in program activities and meetings.
- No food or open cups allowed in the morning circle or any group sessions and programs.

### Theft:

- Any participant involved in theft of any kind will be reported and discharged immediately.
- N.A.C.M. is not responsible for any lost or stolen property.

### Violence:

- N.A.C.M. has a ZERO tolerance policy for abuse and violence of any kind: verbally, physically, emotionally, or sexually toward each other including staff. This behavior will result in immediate discharge.
- Existing restraining orders or no contact orders will be monitored. Participants with NCO's will not be allowed to participate at the same time.
- No foul language please



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### Vandalism:

- No writing on walls or furniture
- Any participants who engage in vandalism will be held responsible and will result in immediate discharge.

### Chores:

- All participants will be assigned chores.
- All participants are expected to do their assigned chores.
- Disinfecting and sanitizing of all surfaces are to be done regularly

### Kitchen:

- No food or kitchen dishes are to leave the dining area.
- All meals are to be eaten in the dining area.
- It is your responsibility to ensure you eat meals at the allotted times.
  - Breakfast: 8:30am to 9:00am for live in participants
  - Lunch: 12:00 noon – 1:00pm

### Money:

- Participants are not to borrow money from each other or staff.
- N.A.C.M. will not be responsible for lost or stolen money or valuables.

### Clothing:

- Participants are always required to wear clean footwear.
- No revealing clothing.
- No gang logos or alcohol and drug messages or pictures are allowed in N.A.C.M. at any time.

I \_\_\_\_\_ have read and understand these rules and agree to follow them.

Participant Name (*print*)

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date (M/D/Y)

\_\_\_\_\_  
Referral Source or Counsellor Signature

\_\_\_\_\_  
Date (M/D/Y)



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### **What the Participant Will Need to Bring for Live in Programming:**

- 2 towels and 2 facecloths
- Toothbrush and toothpaste
- Soap, shampoo, and deodorant, pads/tampons
- Slippers or moccasins
- Phone card and/or money for the payphone
- Alarm clock/clock radio
- Change of clothes including Sleep wear (no more than 2 large bags of personal items will be permitted)
- If you are a smoker, please bring your own cigarettes to last your stay.

Note: Items with any alcohol content (hairspray, mouthwash, etc.) will be placed in a locked area.

### **What NOT to Bring for Live in Programming:**

- Cell phones
- Tablets, iPads
- Earbuds
- No drug or alcohol related slogans
- No offensive or revealing clothing of any kind
- we suggest not to bring items of value.
- N.A.C.M. is NOT responsible for lost or stolen items of value.

### **What to Expect upon Arrival for Live in Programming:**

- All bags will be checked.
- Bedding and rooms will be assigned.
- Hand in all medication and bubble packs
- You will complete an Intake session with a counsellor.
- You will be assigned a counsellor in which all requests going forward will be directed to your assigned counsellor for ALL programming
- The first 3 days will be orientation.
- There will be no phone calls during the first 2 weeks.
- There will be no visits permitted due to COVID protocol.
- Photo will be taken of you for your record for ALL programming



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### **What You Should Know During Your Stay:**

- Drug screening will take place through-out your stay at N.A.C.M.
- Any incidents of theft or vandalism will be reported, and the member will be held responsible for their actions.
- N.A.C.M. is not responsible for lost or stolen money or property.
- All belongings left behind will be held for 7 days and if not claimed, will be disposed of
- Random room checks take place throughout your stay.
- N.A.C.M. has a ZERO tolerance on ANY form of abuse (physical, sexual, verbal, and/or emotional) toward anyone during your stay here.
- Participants are required to wear clean, non-revealing clothing and slippers or shoes in all common areas always.
- Leaving the program early will result in a non-completion of program and participants will be responsible for their own travel arrangements and costs.



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### MEDICAL ASSESSMENT

(To be completed by MD, NP OR RN)

#### Personal Identification:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: Year \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_

Gender: (check which applies)

Female  Male  Two-Spirit  Pronoun

Provincial Health Card Number: \_\_\_\_\_ (6 digits)

Provincial PHIN Number \_\_\_\_\_ (9 digits)

Treaty Number: \_\_\_\_\_

#### **Consent Must Be Completed with Applicant:**

I, \_\_\_\_\_ give permission to \_\_\_\_\_  
(applicant name) (Name of Physician or R.N.)

to release medical facts about myself to Native Addictions Council of Manitoba. The photocopy of my signature on this form is as valid as the original.

Applicant signature \_\_\_\_\_ Date: \_\_\_\_\_

#### To the Health Care Provider:

Ensure the medical assessment form is completed legibly and in layman's terms.

Native Addictions Council of Manitoba requires an applicant to have a complete medical assessment prior to admission

The applicant should not require acute medical care at the time of admission to Native Addictions Council of Manitoba. Diseases are to be under control, especially communicable diseases.

The drug and alcohol treatment programs require a participant to be physically and mentally capable of intense group and individual counselling. Participation is expected in all aspects of the program.





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Patient Name (last, first, initial)	Date of birth (YYYY-MM-DD)	PHN	
<b>TB Screening- Symptoms and History</b>			
<b>Check the appropriate boxes</b>		<b>No</b>	
		<b>Yes</b>	
Presence of cough lasting more than 2 weeks			
Weight loss, if yes specify _____ lbs. in _____ length of time			
Night sweats			
Fever			
Fatigue			
Hemoptysis (blood in sputum)			
Previous active TB and treatment			
Previous significant Mantoux or chest x-ray results			
Extensive travel (or birth) in a country with high incidence of TB			
Other risk factors (i.e., aboriginal, elderly, homeless, health care worker)			
Poor general health status and risk factors for progress of disease			
Further TB screening/assessment required- if yes, please send results			
<b>Medical Approval</b>			
In your opinion is this patient medically stable and appropriate for admission to Residential Addiction Treatment?			
<input type="checkbox"/> No <input type="checkbox"/> Yes			
<b>Physician's Name</b>	<b>Signature</b>	<b>Date (YYYY-MM-DD)</b>	
<b>Psychiatric Review/ History</b> <i>(Please attach any psychiatric evaluations and/or discharge summaries if available)</i>			
Addictions- note date of last use, pattern of abuse and severity of addiction (e.g., alcohol, cocaine, opioids, cannabis, gambling, tobacco, etc.)			
Primary	Secondary	Tertiary	
<b>Is there evidence of the following?</b> <i>(Please include your judgement related to current severity of mental health concerns)</i>			
	<b>No</b>	<b>Yes</b>	<b>Comments</b>
Mental development and/or learning disorders? (e.g., depression, anxiety disorder, bipolar disorder, ADHD, phobias, psychosis, schizophrenia)			
Underlying pervasive or personality conditions			
Acute medical conditions and physical disorders aggravating mental health (e.g., brain injury, cognitive impairment, chronic pain, insomnia)			
Contributing psychosocial and environmental factors			
Global Assessment of Functioning			
Is there a history of self-harm, suicidal thoughts or suicide attempts? (If yes, pertinent psychiatric reports/assessments are required)			
<b>Psychological Approval</b>			
In your opinion is this patient psychologically stable and appropriate for admission to In-House Healing Addiction Treatment?			
<input type="checkbox"/> No <input type="checkbox"/> Yes			



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Physician's Name			Signature			Date (YYYY-MM-DD)		
Patient Name (last, first, initial)			Date of birth (YYYY-MM-DD)			PHN		
At Native Addictions Council of Manitoba Treatment Centre, we have a <u>restricted medication list</u> which indicates medications we do not allow the clients to enter treatment with. Please see the follow page for further details.								
<b>Medications</b> <i>(if more room is needed, attach list)</i>								
Medication	Dose	Route	Frequency	Reason given	Start Date	End Date	Prescribed By	Phone Number

**Please remind patient that to be admitted to N.A.C.M., they need to:**

- Be well enough to participate in the program and remain alcohol and drug free for at least 7 days prior to Admission.
- Please discuss any restricted medication at your initial appointment to avoid any delays in processing your application
- Ensure any new medications not listed above have been pre-approved by the Admissions department
- If you plan to discontinue the medication, we request so in writing by your physician.
- If you receive an alternative medication, we request a new prescription list
- If the patient's medical or psychological condition changes before their scheduled admission date they must contact the Admissions department.
- ALL prescribed medication must be bubble packed.

Physician's Name			Signature			Date (YYYY-MM-DD)		
Mailing Address								
City/Town		Province	Postal Code	Phone		Fax		
Primary Physician's Name (if different than above)				Phone		Fax		
Other (e.g., psychiatrist or other specialist relevant to this admission)				Phone		Fax		

\*Please ensure the medical portion is signed and stamped by the medical physician who completed the forms. Failure to do so may cause delays in processing your application.

Physician's  
Stamp





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<b>Opioid Pain Medications</b> <ul style="list-style-type: none"> <li>• Codeine &amp; Codeine containing products (e.g., Tylenol #3)</li> <li>• Morphine (e.g., Kadian)</li> <li>• Fentanyl</li> <li>• Hydromorphone (<i>Dilaudid</i>)</li> <li>• Oxycodone (<i>Percocet, OxyNeo</i>)</li> <li>• Meperidine (<i>Demerol</i>)</li> <li>• Tapentadol (<i>Nucynta</i>)</li> <li>• Tramadol (<i>Zytram, Ralivia, Tridural</i>)</li> <li>• Pentazocine (<i>Talwin</i>)</li> <li>• Propoxyphene (<i>Darvon</i>)</li> </ul>	<b>Benzodiazepines</b> <ul style="list-style-type: none"> <li>• Alprazolam (<i>Xanax</i>)</li> <li>• Bromazepam (<i>Lectopam</i>)</li> <li>• Lorazepam (<i>Ativan</i>)</li> <li>• Oxazepam (<i>Serax</i>)</li> <li>• Temazepam (<i>Restoril</i>)</li> <li>• Triazolam (<i>Halcion</i>)</li> <li>• Chlordiazepoxide (<i>Librium</i>)</li> <li>• Clonazepam (<i>Rivotril</i>)</li> <li>• Clorazepate (<i>Tranxene</i>)</li> <li>• Diazepam (<i>Valium</i>)</li> <li>• Flurazepam (<i>Dalmane</i>)</li> <li>• Nitrazepam (<i>Mogadon</i>)</li> </ul>
<b>Psychostimulants</b> <ul style="list-style-type: none"> <li>• Dextroamphetamine (<i>Dexedrine</i>)</li> <li>• Amphetamine Mixed Salts (<i>Adderall XR</i>)</li> <li>• Lisdexamfetamine (<i>Vyvanse</i>)</li> <li>• Methylphenidate (<i>Ritalin, Biphentin, Concerta</i>)</li> <li>• Modafinil (<i>Alertec</i>)</li> </ul>	<b>Miscellaneous</b> <ul style="list-style-type: none"> <li>• Varenicline (<i>Champix</i>)</li> <li>• Nabilone (<i>Cesamet</i>)</li> <li>• Dronabinol (<i>Marinol</i>)</li> <li>• Medical Marijuana</li> <li>• Zopiclone (<i>Imovane</i>)</li> </ul>

(Note: This list is not exhaustive and other medications may be subject to restriction)

### What if I am taking Methadone or Suboxone for opioid dependence treatment?

Methadone and Suboxone will be accepted at NACM only if your physician has indicated you are on a stable maintenance dose.

We suggest dosing prior to coming in on your admissions day to avoid any delay in receiving your medications.

### What if I am currently on a restricted Medication?

We have 3 suggestions for restricted medications prior to admissions:

- You can discontinue the medication for the duration of your treatment. We suggest planning to taper off any medications and or to talk with your prescribing physician
- You can request an alternative medication that is not on the restricted medication list from your physician
- In the event the physician feels that there is no alternative to the medication, a medical note may be written by the physician stating their case.

### The note from the physician must contain the following:

1. What the medication is used to treat
2. What dose the patient is on
3. What is the duration of use?
4. Statement that there is no alternative
5. What happens when client is not on this medication
6. Statement that physician believes this medication would contribute to the client successfully completing NACM In-House Healing Program (it needs to specifically say addiction treatment or NACM's)

**\*\*\* Restricted medications are always on a case-by-case basis and must be approved by medical staff \*\*\***

Physician's Name	Signature	Date (YYYY-MM-DD)
Patient's Name	Signature	Date (YYYY-MM-DD)