



Native Addictions Council of Manitoba

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

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

- 1) Please answer all questions or write unknown or not applicable.
- 2) Incomplete or outdated forms submitted will **NOT** be assessed and will be returned.
- 3) Please make sure you use the intake package on our website www.nacm.ca

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.
- ✚ Applicant must meet ALL of NACM criteria to be eligible for all programming

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 for 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.



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In-House Healing Program (5 weeks)

The In-House Healing program offered is 5-week cycle which entails 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 Lodge Ceremony
- Land-based Cultural Days – medicine picking, walks, crafts, and activities



Recovery and Follow-Up Care Program

Monday to Friday

Upon Successful Completion of the 5-week In-House Healing Program and/or any other addiction treatment program within a 6-month period, you can register for Recovery & 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 an abstinence-oriented program that is self-empowering and creates mutual support meetings. It focuses on learning coping skills, self-awareness and change for short-term and long-term journey to recovery. This program includes Traditional Indigenous Healing 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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To Be Completed by the Referral Source

Date of Application: _____ Date of Assessment: _____

1. Vaccination

Participant ID: _____

- Are you fully vaccinated?
- Do you have your proof of vaccination?

2. Pre-screen Questions

- a. Are you over 18 years of age?..... Yes / No
- b. Do you currently have any family members who are employees of our organization? Yes / No
- c. Are you pregnant?.....Yes / No / N/A
 - i. What is your Due Date: _____
- d. Do you have any physical challenges that would interfere with participating in programming?Yes / No
 - i. If yes, please explain: _____
- e. Have you been diagnosed with any mental health illnesses?Yes / No
 - i. What is the diagnosis? _____
 - ii. Are you being treated for that diagnosis?Yes / No
- f. Are you on any DRT (drug replacement therapy) such as Methadone or Suboxone? Yes / No
 - i. If so, what is your dosage _____
 - ii. How long have you been on this dose? _____
- g. Are you taking any Benzodiazepines or Opiates?Yes / No

3. Personal Information

Full Legal Name: _____ DOB: _____

Address _____ City: _____

Province: _____ Postal Code: _____ Phone: _____

Email: _____

Living situation: _____

(on reserve, off-reserve, Lives Alone, Common-Law, Homeless, In a Shelter, staying with friends/family)

Other form of contact: _____



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4. Gender

- Male Female Two-Spirit Pronoun

5. Marital Status

- Single Married Separated Other
 In a relationship Common-Law Widowed

6. Name of Spouse/Partner _____

7. Provincial Health Information

- a. (Manitoba 9 digits)..... _____
b. (Manitoba 6 digits)..... _____

(If you are registered in another province, please enter your health card number below and the province it's registered to)

Health registration number _____ Province _____

8. Status

- First Nation Metis Inuit Not eligible for status

- a. First Nation Community _____
b. Treaty number _____

9. Do you speak or understand: Cree Ojibwe Saulteaux Oji-Cree _____

10. Education:

- Completed High School GED Not Complete High School Grade _____

11. What is your current source of income

- Employed Employment and Stay at home parent
 Unemployed Income Assistance (EIA) Going to school
 Employment Insurance Disability/Pension No income

12. Do you currently have any legal system involvement?

- Probation Court order Charges pending No involvement
 Parole No contact order Court Date

13. Do you have any history of charges for violence, sexual assault or charges involving children? Yes No

14. Emergency Contact

- a. Name: _____
b. Relationship _____
c. Phone _____



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15. **Do you have children?**.....Yes / No
- a) Are they in CFS Care:Yes / No
 - b) What is your CFS worker's name?..... _____
 - c) What is your CFS worker's number:..... _____
 - d) What office is your CFS worker with _____

16. Treatment History

Have you participated in a treatment program before?Yes / No

Date:	Center Name:	Completed?

17. Please answer the following:

- a) Are you required to attend treatmentYes / No
 - i. If required, by what source: _____
- b) What is the main substance of your addiction _____
 - i. When was your last use _____
- c) Do you smoke cigarettesYes / No
- d) Do you use Marijuana.....Yes / No
- e) Do you have any prescriptionsYes / No
 - i. If so, what are you taking _____
- f) Do you take any opioids (**codeine, fentanyl, heroin, T3, morphine or hydromorphone**).....Yes / No
 - i. List what you take _____
- g) Do you take any stimulants (**Ecstasy, cocaine, crack cocaine, speed, crystal meth**).....Yes / No
 - i. List what you take _____
- h) Do you take over the counter medications or cough syrup..... Yes / No
- i) Do you use solvents Yes / No
 - i. List what you use _____
- j) Do you take any benzodiazepines or sedatives (**sleeping pills, nerve pills, clonazepam, etc.**)Yes / No
 - i. List what you take _____



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

Answer the following questions before completing this intake package:

- 1) Are you over 18 years old.....Yes / No
- 2) Are you double vaccinated and have proof of vaccinationYes / No
- 3) Do you currently have family members who are employees of N.A.C.M. or on the Board of Directors of NACMYes / No
- 4) Are you in your 3rd trimester of pregnancy and living in a rural community.....Yes / No / N/A
- 5) Do you have any history of sexual offences or charges involving children.....Yes / No
- 6) Are you taking Benzodiazepines or Opiates.....Yes / No
- 7) Are you on DRT (drug replacement therapy) such as suboxone, methadone, etc.....Yes / No

Please read and check off the following and sign to ensure they applicant understands and agrees:

- Applicants must agree to drug screening as we are a total abstinent program.
- Applicants currently in a correctional facility cannot be directly released to NACM and must be out before applying for program
- Applicants must have a negative COVID 19 test prior to admission
- Accepted applicants must be abstinent for a minimum of 5 days prior to intake day.
- 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.
- 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.
- 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.

Important Note:

If there are any unanswered questions or unchecked boxes on this page, this entire application will be considered incomplete and returned.

Applicant Signature

Date



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Referral Sources are [Detox, Child and Family Services, Health Sciences Center Addictions Unit, NNADAP, Courts, Lawyers, Employment and Income Assistance or any other community organizations or qualified source](#))

NOTE: Referrals cannot be completed by a family member

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 and for potential future correspondence

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

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The following questions are to be completed by the referral source

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

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

a. If yes, what dates: _____

3. Has the applicant been made aware that they need to be drug and alcohol free 5 days prior to arriving at N.A.C.M.?.....Yes / No

4. Please describe the plan for the applicant to remain abstinent 5 days prior to attending as well as during N.A.C.M. programming:

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

a. _____

7. 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



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

9. 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:

Signature of Referral: _____

Date signed: _____



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Native Addictions Council of Manitoba Waiver Liability and Assumption of Risk for Relatives

Relatives must agree to and initial paragraphs 1-5 and sign this agreement before participating in any Native Addictions Council of Manitoba activities.

**WARNING: THIS AGREEMENT WILL AFFECT YOUR LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE.
READ CAREFULLY.**

In consideration of the opportunity to participate in a land-based and/ or water-based program or activity
I HEREBY ACKNOWLEDGE, APPRECIATE AND AGREE THAT:

- _____ 1. I assume all risk and release and hold harmless Native Addictions Council of
Init. Manitoba instructors and their officers, directors, employees, representatives,
volunteers, premises and vessels (collectively, the "Releasees") from any legal or
equitable claims, demands, debts, law suits or causes of action that I, my estate, heirs,
survivors, executors, or assigns may have had in the past, have not or may have in the
future for any and all injury, disability, death, loss or damage to a person or property,
howsoever caused, including but not limited to the risks described in paragraphs 3, 4,
and 5 of this Agreement, or by negligence, gross negligence, breach of contract or
breach of any duty imposed by the common law or statute.
- _____ 2. By entering into this Agreement, I am not relying on any oral or written representations
Init. made by the Releasees, other than what is set out in this Agreement. This Agreement is
the entire agreement on liability between the Releasees and the signing party
("Releasor"). No other terms may be incorporated into this Agreement. If any provision of
the Agreement is found to be unenforceable, the remaining terms shall be enforceable.
Litigation arising from the Agreement will be commenced in the province /territory that the
activity was undertaken in.

HAZARDS AND RISKS ASSOCIATED WITH THE ACTIVITY

- _____ 3. Risk of injury from the activities and equipment utilized in the Activity, including paddling,
Init. hiking, camping, swimming, and related land or water or cultural activities is significant
and includes the potential for broken bones, drowning, injuries related to exposure to
natural elements, contagions and man-made pollutants, severe injuries to the head,
neck, and back or other bodily injuries that may result in permanent disability or death.
- _____ 4. Potential causes of injury include but are not limited to rolling over or sinking of a vessel,
Init. whether intentional or unintentional; water hydraulics, rapids, currents, swells, waves,
water/wetness, debris, cold weather, cold water, lightning, or other natural forces;
camping, animal attacks, portaging or other similar activities; my own negligence of
others, including that of the Releasees, which may include misjudgments of terrain, rapids,
equipment, weather or route choice.



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_____ 5. I understand that this description of potential risks is not complete and that unknown
Init. or unanticipated risks may result in injury, illness, or death.

I confirm that I have read and understand this waiver in its entirety and have agreed to the terms freely and voluntarily without inducement. I understand that this waiver is binding on me, my heirs or assigns, and my legal representatives.

Participant Name Signature Date (D/M/Y)

Address City/Town Postal Code

Phone Email

Witness Name Witness Signature Date (D/M/Y)

Medical Conditions

If you have relevant medical conditions, please describe them below and inform your Counsellor:



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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

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Preamble

The 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 at 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. N.A.C.M. also continues to use face masks in the building when symptoms are present with anyone in the building.
- b) NACM requires participants to be covid negative and be free of flu like symptoms 14 days prior to arrival
- 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 given a rapid covid test
 - iv. For rural participants - If the test result is positive, then the participant will be transported or referred to Alternative Isolation Accommodations.
 - v. For the participants who reside in Winnipeg, they will be sent home until they are 24 hours symptom free.
 - vi. For rural participants - If the COVID test result is negative, the participant will be directed to isolate in their room for 24 hours or until symptom free.
 - vii. 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.
- 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.



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c) Wearing a Mask

- i. Wearing a mask is required in any public areas of the N.A.C.M. building if you or someone in the building has symptoms
- ii. You may remove your mask in the safety of your bedroom or when eating meals.

3. Physical Distancing

Physical distancing works by limiting the number of people that you, and your family, come into close contact with who have flu like symptoms.

N.A.C.M. Physical Distancing

- a) Only 2 people permitted in the elevator at one time.
- b) Only you are allowed in your room, this is not just covid protocol but is a N.A.C.M. policy.
- c) No visitors who are experiencing flu like symptoms shall be permitted in the building due to provincial health guidelines and N.A.C.M. Covid-19 protocols
- d) 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.
- 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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Rules and Responsibilities While you are Here:

Phone calls and visits:

- Due to Covid-19, there will be no visitors with flu like symptoms allowed on premises.
- There are no phone calls during programming.

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 the 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 a 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

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



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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

Vandalism:

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



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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: 7:30am to 8:30am
 - Lunch: 12:00 noon – 1:00pm

Medication:

- All medications must be bubble packed
- Medication times are posted on the medication door
- Medications will not be given outside of these times unless previously approved by program coordinator

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)



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What You Should Know:

- Drug screening will take place throughout 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
- N.A.C.M. has a ZERO tolerance for ANY form of abuse (physical, sexual, verbal, and/or emotional) toward anyone during your stay here.
- Leaving the program early will result in a non-completion of program and participants will be responsible for their own travel arrangements and costs.
- 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 programming
- You will not have your cell phone during programming
- Photo will be taken of you for your record for ALL programming

Participant Print Name

Participant Signature

Date



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Applicant Assessment

Intake packages that cannot be read clearly will be returned. Please print clearly

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:

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.)

3. What substance are you seeking treatment for currently?

4. Do you participate in gambling?Yes / No

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

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. _____

7. Are you willing to participate in all NACM cultural activities?Yes / No



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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. At 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?

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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*** 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)

* _____
Signature of Referral

Date: (m/d/y)



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Photo/Video Consent

Native Addictions Council of Manitoba (N.A.C.M.), may take photographs/videos of you with or without your name and for any lawful purpose, including for example such purposes as publicity, advertising, or web content. Web content may include Native Addictions Council of Manitoba's website (nacm.ca), Facebook Page, Instagram page, YouTube, etc.

Check your answer before signing this consent

- I **do** give consent to N.A.C.M. to take my photograph/video and to share it as needed
- I **do not** give consent to N.A.C.M. to take my photograph/video for publicity, advertising, or web content.

Please Note:

It is mandatory that N.A.C.M. takes your photo for your relative file while you are participating in our programs.

Print Applicant Name

Signature of Applicant

Today's Date



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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 (please print)

Referral Source 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 throughout the duration of the program.

N.A.C.M. uses drug screening tools to base your substance use upon entering program and throughout 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)*

Printed Name of Referral Source

Signature of Referral Source

Date: *(m/d/y)*



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This sheet should be given to the applicant in the event they are accepted, they will need to know what to bring

1) What the Participant Will Need to Bring for In-House Stays

- 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.

2) What NOT to Bring for In-House Stays:

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

3) What to Expect upon Arrival for In-House Stays:

- 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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MEDICAL ASSESSMENT

(To be completed by MD, NP, OR RN)

Personal Identification:

First Name: _____ Last Name: _____

Date of Birth: Month _____ Day _____ Year _____

Gender:

Female Male Two-Spirit Pronoun

Provincial Health Card Number: _____ (6 digits)

Provincial PHIN Number _____ (9 digits)

Consent Must Be Completed by the Applicant:

I, _____ (Applicant name)

give permission 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.

****Please note:** We will not accept medical applications without the patient's name, date of birth, and health card number.



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Allergies (e.g., drug, food, latex, other)				Special Dietary Requirements		
Review of Systems <i>(please send relevant reports, e.g., CBC, hepatic profile, electrolytes, urinalysis, etc.)</i>						
EENT						
Respiratory (e.g., asthma, COPD)			Cardiovascular (e.g., CVA, MI, HTN, arrhythmia, pacemaker)			
Gastrointestinal (e.g., GERD, history GI bleed, hepatitis, pancreatitis)			Genitourinary (e.g., incontinence, BPH, STD)			
Musculoskeletal (e.g., chronic pain, RA, OA, gout)			Integumentary (e.g., psoriasis, eczema)			
Neurological Does the patient have a history of seizures? <input type="checkbox"/> No <input type="checkbox"/> Yes			Hematological/Immune (e.g., HIV+, HCV+)			
Evidence of withdrawal or intoxication? (e.g., ETOH, Opioid)			Other (specify)			
Physical Examination						
Height	Weight	Temperature	Pupils	Heart Rate	Blood Pressure	Respiration Rate
Skin		Diaphoresis		Tremor		
Is the patient diabetic? <input type="checkbox"/> No <input type="checkbox"/> Yes, complete this information →			Year Diagnosed		Is the patient stable? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Does the patient have MRSA and wound? <input type="checkbox"/> No <input type="checkbox"/> Yes, (specify latest swab results) _____						
Is there cognitive impairment? <input type="checkbox"/> No <input type="checkbox"/> Yes						
Needs assistance ambulating or providing self-care? <input type="checkbox"/> No <input type="checkbox"/> Yes						
Pregnancy						
Is the patient pregnant? <input type="checkbox"/> No, complete top boxes only → <input type="checkbox"/> Yes, complete all boxes		LMP		Para		Gravida
		EDC	Urine HCG	Prenatal blood work	Prenatal ultrasound	Blood type
Does the patient have current pregnancy complications or had a history of pregnancy complications? <input type="checkbox"/> No <input type="checkbox"/> Yes, specify _____						
Physician managing the pregnancy and delivery			Phone:		Fax:	
Address of planned location of delivery						



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Patient Name (last, first, initial)	Date of birth (YYYY-MM-DD)	PHIN
TB Screening- Symptoms and History		
<i>Check the appropriate boxes</i>		No
		Yes
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		
Medical Approval		
In your opinion is this patient medically stable and appropriate for admission to Residential Addiction Treatment?		
<input type="checkbox"/> No <input type="checkbox"/> Yes		
Physician's Name	Signature	Date (YYYY-MM-DD)
Psychiatric Review/ History <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
Is there evidence of the following? <i>(Please include your judgement related to current severity of mental health concerns)</i>		
	No	Yes
	Comments	
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)		
Psychological Approval		
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.								
Medications <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 / RN 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 professional who completed the forms. Failure to do so may cause delays in processing your application.

Physician's
Stamp



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

(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 dosage 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 on a case-by-case basis and must be approved by medical staff *****

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