



Native Addictions Council of Manitoba

160 Salter St Winnipeg, MB R2W4K1
Phone (204) 586-8395 Fax (204) 589-3921

Notice to Referral Agent or Individual who is Applying

VERY IMPORTANT
PLEASE READ THIS PAGE

**ALL ACCEPTED APPLICANTS MUST
DETOX 7 DAYS PRIOR TO INTAKE**

To be considered for N.A.C.M. In House Healing:
EVERYTHING WITH AN ASTERISK * IS REQUIRED

**If these sections are not completed, the referral package will be returned
incomplete, and the applicant will be placed on the waiting list**

BEFORE YOU SUBMIT THIS REFERRAL PLEASE MAKE SURE THE FOLLOWING:

- ✚ Pages 3 and 4 are to be given to the applicant
- ✚ Only pages 5 to 14 are to be submitted
- ✚ Medical **must** be submitted with application to be considered
- ✚ If participant does not show up, withdraws, or is discharged prior to completion, there is a 6-month waiting period to reapply



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In House Healing Program Referral Package

Who We Are

Native Addictions Council of Manitoba is an indigenous owned and operated healing center that directly targets the addictions problems facing First Peoples in Manitoba. Our mission is to provide traditional healing for addictions through the holistic treatment of mind, body, and spirit. Our helpers, management and board of directors all have firsthand experience in dealing with the same challenges that face our clientele. It is by understanding our program participants that we may more effectively aid them in their healing and recovery.

As of February 21st, 2020, The Native Addictions Council of Manitoba has been in operation for 48 years and is an Accredited Health Service Provider. NACM has been accredited since 2000 and our current accreditation runs through 2022 Accreditation ensures that, for a treatment center, all contingencies are taken into consideration and all procedures are well documented. We are funded by both the provincial and federal governments.

The Native Addictions Council of Manitoba currently offers three programs as well as meetings that are open to the public. We offer a 7-week in house healing treatment program and outreach/day programs that run simultaneously. Our programming consists of individual counselling, traditional teachings, ceremonies, practices, parenting, and telehealth. We also offer the Cannabis Education Program which is new project that will provide Cannabis education-prevention for indigenous people in Winnipeg and surrounding areas.

How We Came to Be

The major motivation for the creation of the Native Alcoholism Council of Manitoba was a tragic, alcohol-related accident which occurred in 1968. On May 10, 1968 on Highway 59, south of Brokenhead, an accident claimed the lives of nine people. The lone survivor was confined to a wheelchair and thirty-three children were left orphaned. This incident was the latest in several alcohol-related cases that affected many native communities in Manitoba.

This accident highlighted the need for a more directed approach in dealing with Alcoholism in Native communities across Manitoba. On July 19, 1972, the Native Alcoholism Council of Manitoba was officially incorporated under Provincial Bill 74.

More about our history can be found on our website: www.nacm.ca



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

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

Your referral package will be reviewed to ensure it is complete and all the required information is attached. From there, if your application meets the criteria, an intake worker will contact either you or your referral agent to discuss the program dates.

1. Applicants must be 18 years of age or older
2. Women in their third trimester of pregnancy will not be eligible
3. Applicants must not be using high doses of methadone, OxyContin, or Oxycodone.
4. Applicant must detox for 7-10 days prior to arrival.
5. Applicants must agree to sign a drug screening tool policy as we are a total abstinent program
6. Applicants must not be involved in any gang activity or currently in a correctional facility
7. Applicants must not have pending sexual offence charges.
8. All applicants must have medical conditions or injuries treated prior to admission to the in-house healing program so as not to interfere with their programming.
9. All applications must submit a completed medical form prior to admission
10. Applicants who have been diagnosed with or are suspected of having serious mental health, will not be admitted but will be redirected to the appropriate resource.
11. NNADAP worker must complete **ALL** sections of this referral form.
12. ALL medications must be packaged in bubble packs, or they will not be accepted.

What the Participant Will Need to Bring:

- Towels (2) and facecloths (2)
- Toothbrush and toothpaste
- Soap, shampoo, and deodorant, pads/tampons
- Brush/comb
- Slippers or moccasins
- Phone card and/or money for the payphone
- Alarm clock/clock radio
- Change of clothes including Sleep wear
- If you are a smoker, please bring your own cigarettes to last your stay



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What NOT to Bring:

Cell phones, tablets, iPads, earbuds, and no offensive or revealing clothing of any kind, no drug and alcohol related slogan and 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:

- All bags will be checked
- Bedding and rooms will be assigned
- Hand in all medication and bubble packs
- You will complete a welcome package with a counsellor
- You will be assigned a counsellor in which all requests going forward will be directed to assigned counsellor
- The first week will be orientation week to settle in and get comfortable and adjusted; getting to know each other, the building, the staff. There will be no visitors or outside phone calls during the first week
- Photo may be taken of you for your record

What You Should Know During Your Stay:

- N.A.C.M. offers accommodations for participants who identify as LGBTQ +
- 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
- There are laundry facilities and a gym on site.
- 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
- Physical, verbal, and emotional abuse of members, staff or visitors will not be tolerated
- Participants are to wear clean, and non-revealing clothing and wear slippers or shoes in all common areas
- Leaving the program early will result in a non-completion of program and participants are responsible for their own travel arrangements and costs
- No overnight or weekend passes will be permitted, and participants are not permitted to leave the premises during the 7-week program



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* Referral Source

- External (*NNADAP, CFS, Courts, Detox, etc.*) Internal (*N.A.C.M. Assessment*) Self

* If this is **not** a self-referral, provide contact name, address, and phone number of referrals

Name: _____
 Position: _____
 Agency: _____
 Address: _____
 Phone: _____
 Fax: _____

Program Mandatory: (*circle one*)Yes / No

* What brought you to the decision to get help with your addiction(s)? (*please all that apply*)

- | | |
|--|--|
| <input type="checkbox"/> C.F.S. Order | <input type="checkbox"/> Life out of control |
| <input type="checkbox"/> Taking a break | <input type="checkbox"/> Family |
| <input type="checkbox"/> Physical Health | <input type="checkbox"/> Probation Order |

1. * Applicant's stage of readiness: (*check which applies*) *

- 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

2. List the programs and services available in your community for aftercare or follow up for this applicant

- a. _____
- b. _____
- c. _____



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3. List family /friends/community supports for this applicant?

- a. _____
- b. _____
- c. _____

* Personal Information

Date of application _____ * Date of Birth: _____

M/D/Y

* Full Legal Name: _____

* Gender: (check which applies)

Female _____ Male _____ LGBTQ + _____ Other _____

Marital Status:

- Single Married
- Common-Law Other _____

* Address: _____ City: _____

Province: _____ Postal Code: _____ Phone: _____

- Homeless Shelter
- Couch Surfing other

* Email _____

* Manitoba Medical Card # _____ * PHIN: _____
(6-digit number) (9-digit number)

* Family Relationships

1. Does applicant have dependent children? (circle one)Yes / No
2. If yes, do they have access to adequate childcare while in treatment? (circle one)Yes / No
3. Are the children in care? (circle one)Yes / No
4. Does the applicant have other dependents? (circle one) Yes / No



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Provide Information on Applicant's Children/Dependents:

Name	Age	Relationship

* Next of Kin in Case of Emergency:

- Name: _____
- Address: _____
- Phone: _____
- Relationship to you: _____

* Status: (please check one)

- Metis
 Inuit
 First Nation

If you are First Nation, please complete the following information:

F.N. Community: _____

* Treaty/Status Card Number (10 digits) _____

Languages spoken: _____

Language preferred: _____

Level of Education or Last Grade Completed: _____

* Legal Status (check all that apply)

- Parole/Probation
 No Involvement
 No contact order (if so, with who?) _____
 Currently on Bail
 Unknown
 Court Ongoing

Source of Income:

- Employment and Income Assistance
 Employed
 Stay at home parent/caregiver
 E.I.
 Unemployed
 School



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Applicant's Substance Use

Preferred Substance: _____

Last substance used: _____

When last substance was used: _____

Has applicant been to detox..... Yes / No (*circle one*)

If yes, when: _____

PLEASE NOTE: It is a requirement that all applicants detox 7 days prior to intake

Treatment History (*circle yes or no*)

Has client participated in a non-residential/community-based substance abuse program?..... *Yes or No*

Has client participated in a non-residential/community based mental health program?..... *Yes or No*

Has client participated in a residential treatment program before?..... *Yes or No*

Year	Treatment Centre	Completed

Has applicant experienced problems with any of the following?

- Gambling
- Eating
- Shopping
- Sex
- Internet/texting
- Other

* Mental Health Issues:

Have you experienced any of the following?

1. Previous suicide attempts.....yes or no (*circle one*)

If yes when? _____

2. Hospitalized for suicide attempts.....yes **or** no (*circle one*)

If yes, when? _____

Do you often experience suicidal thoughts?Yes / No

Do you take medication for any mental health?Yes / No

Are these medications listed on your medical form?Yes / No

Do you currently have a mental health professional you talk to regularly?Yes / No



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Other Issues or Needs:

Does participant have cultural and/or spiritual needs or issues we need to be aware of?

Does participant have any literacy or learning needs or issues we need to be aware of?

Are there any other significant issues we need to be aware of? (*describe*)

Other Comments:



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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 (NACM) 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 NACM 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 Name *(Please Print)*

* _____
Date *(m/d/y)*

* _____
Applicant Signature

Referral Signature



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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 _____ LGBTQ + _____ Other _____

Provincial Health Number: _____

Treaty Number: _____

Informed Consent Must Be Completed with Applicant:

I, (applicant name) _____ give permission to _____

to release medical facts and assessment 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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Medical History:

Please indicate whether the applicant has or had any history of the following:

	Medication	Duration	Prescribing Doctor
Allergies/ Reactions:			
High Blood Pressure			
High Cholesterol			
Diabetes			
Asthma			
Heart disease/Stroke			
Head Injury			
Skin Condition			
Scabies, Lice, Impetigo			
Sexual Transmitted Infections			
Hepatitis			
HIV			
Pregnancy (EDC)			
Methadone			
Sleeping Disorders			
Other Conditions, explain			

Mental Health/Illness:

Anxiety/Panic Attacks			
Bipolar Disorder			
Depression			
Schizophrenia			
Suicidal Ideation			
Other Conditions, explain			



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Tuberculosis Screening:

Recent contacts to TB: Yes _____ No _____

Tuberculin Skin Test Yes _____ No _____

Signs and Symptoms of active TB:

Coughing Yes _____ No _____ Blood in Sputum: Yes _____ No _____

Night Sweats Yes _____ No _____ Fever: Yes _____ No _____

Loss of Appetite: Yes _____ No _____ Unexplained weight loss Yes _____ No _____

Are you aware of current or recent medical problems which may require follow-up while client is in treatment?
If yes, please explain:

Follow-up appointment date & time:

Name: _____

Health Care Provider

Address: _____

City: _____ Province: _____

Telephone: _____

Fax: _____

Office Stamp

Health Care Provider Signature

Date (M/D/Y)