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Miklat Applicant Admission Form

(Complete and fax to 604-483-9397)

Full Legal Name:		
Date of Birth:	**Gender:** ☐Male ☐Female ☐Other	
Address:		
City:	**Prov:**	**Postal Code:**
Cell No:	**Email:**	
Care Card No. (MSP):		
Aboriginal Ancestry Yes ☐ No ☐	**SIN#: (required)**	
Emergency Contact Name:	**Emergency Contact #:**	**Relationship to Contact:**

Referral Source Information

Name/Title Of Referral Worker:	**Agency/Band:**	**Phone Number #**
Mailing Address:		
City:	**Prov:**	**Postal Code:**
Cell No:	**Email:**	
Currently receiving disability, social assistance?	**Disability☐**	
	Ministry ☐	

Please note: Clients collecting social assistance or disability assistance through the Ministry of Social Development will have reduced assistance payments while in treatment. Rent is covered while in treatment if Ministry is currently paying rent.

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Client Demographics

☐ Single	☐ Common Law	☐ Divorced	☐ Married	☐ Separated	☐ Widowed
☐ Extended Family	☐ Living Alone	☐ Single Parent	☐ Living With Friends	☐ Living With Family	☐ Living with Spouse &Children
Number Of Children					

Employment Status

☐ FT	☐ PT	☐ Seasonal	☐ Unemployed	☐ Retired	☐ Student
☐ Home Maker	☐ Disability	**Source Of Income:**		**Other Income:**	
Occupation:					

Education Status

Highest Level of Education Completed:	Some Highschool	☐ High School Diploma	☐ Trade School
	☐ College Diploma	☐ University Degree	☐ Graduate Degree
Have you ever attended Residential School?	Yes ☐ No ☐	When /Where?	
Do you have difficulty with reading?		Do you have difficulty with writing?	
Yes ☐	No ☐	Yes ☐	No ☐
Will the client require assistance with reading or writing?		Does the client have any learning problems or disabilities?	
Yes ☐	No ☐	Yes ☐	No ☐
Does the client agree to complete NA Steps 1 to 5?		Does the client agree to complete a guided daily journal?	
Yes ☐	No ☐	Yes ☐	No ☐

Prior Treatment and/or Counselling

Institution	Location	Date	Completed?	
			Yes ☐	**No ☐**
			Yes ☐	**No ☐**
			Yes ☐	**No ☐**

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Conflicting Issues

Does the client express the desire (willingness) to change?		Does the client believe addiction is a problem to his/her wellbeing?	
Yes ☐	No ☐	Yes ☐	No ☐
Has the client read and understood Miklat program guidelines? (Page 7-9)		**If the client understands implicitly and is able and willing to adhere to Miklat program guideline, please sign.**	
Yes ☐	No ☐	Client Signature:	Date Signed:

Is the client free from all factors that would interfere with the Miklat program? *(Family, Work, School, Medical, Legal, Childcare, Court appearance, etc.)*	
Yes ☐	No ☐
Does client have discharge plans? Yes ☐	No ☐
Does the client have basic needs that aren't currently addressed? *(housing, food etc.)*	
Yes ☐	No ☐
Does the client have specific needs to be addressed in treatment?	
Yes ☐	No ☐
Please provide further details below. (*ie, legal issues, medical, homeless*)	
Does the client have Learning Disabilities?	
Yes ☐	No ☐
If yes, please describe details below.	

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Substance Use/Misuse History

Substance	How often used - *Daily/Weekly/Monthly*	Amount-quantity	Method of use *Inject, Smoke, Ingest, Snort*	Date last used -
Alcohol (beer, wine, hard liquor)				
Cannabis				
Cocaine				
Benzodiazepines-sleeping pills - tranquilizers				
Heroin/Fentanyl				
Opiates - Morphine/Codeine				
Amphetamine - Crystal Meth, Ecstasy/Speed				
Hallucinogen(acid, Mushroom, PCP, Ketamine				
Inhalants				
Tobacco				
Other				

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Early Exit Plan/Transition Plan *(Must be completed by client)*

The following Early Exit Plan is mandatory, and will be put in place immediately if I choose to leave early from the **Miklat Recovery Program:**

It is understood that if I leave the program on short notice or if I do not arrive for my scheduled intake, my referral liaison and my emergency contact will be notified. My plan includes a safe place to go and how I plan to get there.

I agree that I am responsible for all of my transportation costs and that I am responsible for knowing the fees associated with bus, airplane, cab and/or ferry for safe travel. I will have these funds available upon intake.

My name:	**Date of birth:**
Destination upon early exit:	**My Home Address:**
Transportation Plan and cost:	
My medical reminders:	**Special considerations:**

My Community Contact(s) for Early Exit Support:

Who I will contact:	**Who staff will contact:**
Telephone #	**Telephone #**
Email address:	**Email address:**
My Signature and or Referral Worker:	**Date:**

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Consent for Release of Information

Client Full Name: **DOB:**

Record No: (Office use)

By signing the electronic copy below, I a verify that the information I have provided to the Referral Agent noted below, is strictly for the purposes of this referral and my application to attend programming at the Miklat Recovery Program.

This information in the Referral Package is accurate to the best of my knowledge. My signature authorizes the release and exchange of information between the Miklat Recovery Program, and all service providers noted below. This authorization is valid once completed, and will be used pre-arrival, and during my treatment residency with the Miklat Recovery Program.

Service Provider	Name	Agency	Contact No.
Physician (GP)			
MH Counsellor			
Psychiatrist			
Probation/Parole Officer			
Income Assistance			
Lawyer			
Referral Worker/Agent			
Other			
Clients Signature:			**Current Date:**
Referral Agent Signature:			**Current Date:**

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Program Guidelines for All Clients (*subject to change)

1. In the event of a medical emergency, please contact staff immediately.
2. In the event of a fire alarm, exit the building and muster in the area of the front driveway away from the house.
3. Clients must respect and follow the direction of the staff, if a client become defiant or disrespectful of the staff or the rules, they may be put on a behavioral contract or be discharged from the program.
4. Clients will be required to submit to a urinalysis or breathalyser upon intake and at request while at Miklat, at the request of our doctor. Possession or consumption of alcohol or drugs, or possession of paraphernalia is prohibited while in treatment.
5. We have a zero-tolerance policy for violence of any kind. Violent behavior including actions, threats of any kind, or possession of weapons will result in discharge from the program. This includes communications and interactions with people outside of the recovery house.
6. We have a zero-tolerance for stealing. This includes stealing from clients, stores, the Miklat program, or staff, and anyone caught stealing will be discharged.
7. Clients should not lend, borrow, trade, or barter property or money that does not and/or did not belong to them when arriving at Miklat.
8. Entering an establishment that is licensed primarily for the sale or consumption of alcohol or marijuana is prohibited while in treatment.
9. All medications and prescriptions must be handed in. If clients receive a medical prescription, hand it into the office. All prescription medications must be blister packed before arriving at Miklat or they will not be dispensed.
10. Clients are on lockdown for the first week of treatment and will not be able to leave the property for any reason unless a medical emergency.
11. Curfew is 10pm on weekdays and weekends for all clients, unless on approved Leave of Absence. Being out past curfew will result in discharge.
12. Clients are required to sign in and sign out when arriving and leave the property. This is to ensure we have an accurate head count in case of emergencies and to keep track of people.
13. Client vehicles are not permitted to be used while in treatment. Please do not bring vehicles to Miklat.
14. Visitors must be approved by staff ahead of time, no one is permitted to show up unannounced for any reason.
15. Clients are not permitted inside of vehicles that are not associated or approved by Miklat staff. Please have the driver name and phone number on the Leave of Absence form for staff approval before entering a vehicle.

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16. When walking to and from the property clients must walk in groups of no more than 3. Clients must be respectful of neighbours. This includes keeping voices down, not swearing, not wearing hoodies with the hoodie up, and keeping shirts on.
17. No smoking on organized walks around the neighbourhood. If you are out on a Planned Leave of Absence please do not smoke within a 10-minute walk of the house, this includes standing at the bus stop. Out of respect for the neighbourhood and fire safety please do not throw cigarette butts on the ground. Extinguish the tip and dispose of safely in a garbage can or ashtray.
18. Smoking and Vaping are permitted ONLY in the designated smoking area. Never smoke or vape in the house, the front yard, grass area of back yard, or garage.
19. Cellphones are only permitted for 1 hour per day between 4-5pm for banking, etc. If a client is caught with a cell phone outside of these hours, the phone will be confiscated.
20. We are not a correctional institution; therefore, jail mentality or language will get you discharged. Respect your fellow clients.
21. Food is to be consumed in the dining area only. Snacks may be consumed in the tv room area but please be tidy, mindful of the other clients, and clean up after yourself.
22. Meals are prepared by professional chefs/cooks. If you have an appointment or other commitment and need a meal held, please contact the staff on kitchen duty. If you have allergies, please let the kitchen know when you arrive.
23. Clients are not permitted in other client's rooms. If you are caught in another client's room without staff permission, you may be discharged.
24. Do not put anything on walls. No pictures, photos, posters, tac's, tape, plastic hooks, etc.
25. Laundry Room has signs, please learn the day you are allowed to do laundry and use laundry facility only on that day. Please empty lint traps and make sure you do not overfill the machines with laundry.
26. If you chose to leave our facility or you are discharged, belongings must be collected within 7 days. After 7 days, items will be considered abandoned and may be distributed to other clients in need.
27. Clients begin on full restrictions and must travel with staff or two clients off of restrictions. Restrictions are gradually lifted based on time and progression in the program. This is due to the nature of addiction and the time it takes for cravings to subside. After 30 days you may be permitted to travel alone for 3 hours or by approval of staff. After 60 days you may be permitted to travel on weekends to visit family. Family are able to visit you on property after 15 days, upon approval.
28. Clients are required to cover the cost of medications if they do not have coverage.

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28. Please do not bring valuables to the Miklat Program; there is no secured storage for valuables. Miklat accepts no liability for lost or stolen items including money, jewellery, electronics, or other items lost or stolen. You accept the risk if you bring them on our property.
29. Clients cannot make phone calls for first 7 days. Designated phone times are 5pm to 10pm, be mindful of what restriction level you are on as you will lose phone privileges if you break the rules.
30. TV can be enjoyed from 5pm-10pm during weekdays and 5pm-11pm on Friday night and Saturday night. Volume must be maintained at a reasonable level and rules for programming must be followed. Do not watch movies glorifying drug or alcohol use.
31. Lights out at 11pm on weekdays and 12pm on Friday and Saturday nights.
32. These rules are subject to change without notice.

The following items are permitted:

Clothing you will need. *(Approx. 7-14 changes of clothes as we do laundry once weekly)*

- Bathing suit for local pool and lakes if you want to swim
- 2 Towels
- 2 pairs shoes
- Hygiene products such as shampoo, toothpaste, soap, deodorant, razors, etc.
- Photo ID
- Cigarettes
- Cell Phone (Stored for you)
- Journals to write on
- Ear Plugs

Please DO NOT bring any of the following. They will be confiscated.

- cologne
- alcohol-based mouthwash
- hand sanitizer
- Jewelry
- laptops
- tablets
- pornography of any kind
- video games, energy drinks
- pre-workouts, steroids, stimulants, or protein powder that contains anything stimulating
- lottery tickets of any kind
- gambling chips
- weapons
- candles
- unapproved medications
- Stereo systems.

Do not bring clothing that advertises or glorifies drugs, alcohol, or pornography of any kind. These items will be confiscated until program completion.

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Pre-Admission Medical Evaluation

1. Physician Information and Business Address *(Doctor to complete Steps 1-8)*

Please stamp with doctor's address stamp, including phone and fax numbers in the space below.

To the Physician

- The patient should not require any acute medical care at the time of admission.
- All communicable diseases should be in remission and properly medicated.
- The patient should be physically and mentally able to participate in a residential program of moderately intense counselling and activity.

Please **FAX** all current prescriptions for this patient to Freshco Pharmacy In Powell River (Fax# 604-485-3063) prior to the intake day so that prescribed medication can be blister-packed and safeguarded when the client arrives. Please note on prescription or cover letter that patient will be attending Miklat.

- Patients cannot bring OPEN medication bottles or OPEN over the counter medications onto Miklat property on the client's Intake Day.
- Patients CAN bring 10 day supply of blister-packed medications or unopened over the counter medications into the centre on Intake Day.
- If the Patient arrives with open medications, they will be confiscated and put into safekeeping until they have been discharged from the Program, as we cannot guarantee the purity of the medications.
- Methadone/Methadose/Suboxone/Kadian clients, please have prescribing doctor fill two week prescription before arrival to ensure doses aren't missed.

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2. Communicable Diseases

Has the client recently (within the last year), tested positive for any of the following Communicable Diseases?				
Hepatitis A	☐ **Yes**	☐ **No**	☐ **Unknown**	☐ **Immunized**
Hepatitis B	☐ **Yes**	☐ **No**	☐ **Unknown**	☐ **Immunized**
Hepatitis C	☐ **Yes**	☐ **No**	☐ **Unknown**	☐ **Treated & Cleared**
HIV/Aids	☐ **Yes**	☐ **No**	☐ **Unknown**	
Other Sexually Transmitted Diseases	☐ **Yes**	☐ **No**	☐ **Unknown**	☐ **Treated & Cleared**

3. Additional Medical History

History of Head Trauma	☐ **Yes**	☐ **No**	**Comments**
History of Seizures	☐ **Yes**	☐ **No**	**Comments**
Diabetes	☐ **Yes**	☐ **No**	**Comments**

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4. Psychiatric History

Do you have a suspected Mental Health concern?	**☐Yes**	**☐No**	**☐ Specify**
Does patient have a Psychiatric Diagnosis?	**☐Yes**	**☐No**	**☐Specify**
Dual Diagnosis/Comorbid Disorder	**☐Yes**	**☐No**	**☐Specify**
Does the patient have history of suicidal ideation?	**☐Yes**	**☐No**	**If yes, comment below**

5. ALLERGIES: Please indicate if patient has any kind of known allergy or intolerances to food or drugs.

Allergies	**☐ Yes ☐ No Known Allergies (NKA)**
Intolerances	**☐ Yes ☐ No Known Intolerances:**
Does the patient require an EPIPEN or an ANA kit?	**☐ Yes ☐ No Do they have one? ☐ Yes ☐ No**
Please include details of allergies/intolerances:	

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6. List of Medications *(Printout also acceptable)*

Medication	Condition	Prescribed Dosage	How long has client been taking?

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7. Methadone/Suboxone Maintenance Program

Start date was: (Approx.)	
Current dose is: (type and dose)	
Patient has been on current dose of for:	
My prescribing Physician is:	
Phone Number & Fax Number:	

- I acknowledge that I come to the Miklat Recovery Program stabilized on a Methadone/ Suboxone/Kadian (OAT) Program.
- I acknowledge that I have opioid use disorder and wish to continue my OAT Program while at Miklat. I will discuss dose changes with the Miklat doctor.
- I agree that while at Miklat, I will receive my OAT daily from a qualified designate.

Client Name: (print)	**Client Signature:**
Witness Signature:	**Date:**

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8. Declaration of Physician – *(to be completed for All Clients)*

☐ I conclude that my Patient **(IS)** physically and mentally fit and stable to fully participate in all aspects of the treatment program at the Miklat Recovery Program.

☐ I conclude that my Patient **(IS NOT)** currently physically and mentally fit to attend treatment at the Miklat Recovery Program, but may be suitable at a date listed below.

Client Name:	**DOB:**	**Current Date:**

Physician Name:	**Current Date:**

Physician Comments: