

CONFIDENTIAL

First Nations Health Authority

Date Received Stamp:



First Notions Health Authority
Health through wellness
 540•757 W Hastings St. Vancouver. BC V6C 1A1

Send completed applications to:

Giovanna Daga at Giovanna.Daga@fnha.ca
 Mishon Sutherland at Mishon.Sutherland@fnha.ca
 A:yelexw case manager at ayelexw@seabirdisland.ca

SUBSIDY APPLICATION FOR INPATIENT ADDICTIONS TREATMENT

A) Date of application: _____

B) CLIENT IDENTIFICATION:

1) Name:		2) Sex:	
3) Birth Date:	4) Band Number:	5) No. Children:	
6) Mailing Address:	Street/Box Number:	On-Reserve <input type="checkbox"/>	Off-Reserve <input type="checkbox"/>
	Town & Province:		
	Postal Code:		

C) PERSONAL HISTORY:

1) Employment Status:	<input type="checkbox"/> Working	<input type="checkbox"/> E.I.	<input type="checkbox"/> S.A.	<input type="checkbox"/> Student
2) Chemical Use History: (i) Substances Used:				
a) Alcohol				
b) Street Drugs: (list types)				
c) Prescription Drugs: (list types)				
d) Inhalants: (list types)				
(ii) Abuse Pattern:				
		<input type="checkbox"/> Daily	<input type="checkbox"/> Mostly Week-ends	<input type="checkbox"/> Binge

D) PREVIOUS TREATMENT: List all In-patient Treatment received in previous 2 years

Name of Institution	Date Attended	Treatment Completed		After Discharge:	
		Yes	No	Clean & Sober	Relapsed

E) PRE & POST CLIENT SUPPORT:

1) Counsellor Support:
2) Self-Help Groups:
3) Cultural Support:
4) Reason for Present Referral:
5) Number of Counselling Sessions Received Prior to Referral:

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6) Treatment Centre referred to:	
7) Name/Title/Address/Phone/Fax Number of Referral Worker (please print):	
8) Name of Referring Agency;	
9) Signature:	10) Date:

F) AUTHORIZATION: TO BE COMPLETED BY BRITISH COLUMBIA REGIONAL OFFICE

Approved by:

FNHA accepts no responsibility for referrals not given prior approval from BRITISH COLUMBIA REGION

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Rationale for non-NNADAP Treatment Program

1. Have you done an assessment on your client?
 Yes No
2. Have you developed a treatment plan for your client?
 Yes No
3. Have you searched the NNADAP Network in BC for appropriate placement of your client?
 Yes No

4. If yes, which one(s)?

- | | |
|--------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| <input type="checkbox"/> Carrier Sekani Family Services | <input type="checkbox"/> Round Lake Treatment Centre |
| <input type="checkbox"/> Gya' Wa' Tlaab Treatment Centre | <input type="checkbox"/> Tsow-Tun Le Lum Treatment Centre |
| <input type="checkbox"/> Hey'-Way'-Noqu Healing Circle for Add | <input type="checkbox"/> Wilp Si'Satxw House of Purification |
| <input type="checkbox"/> Kackaamin Family Development | <input type="checkbox"/> Telmexw Awtexw Treatment Centre |
| <input type="checkbox"/> Three Voices Healing Society | <input type="checkbox"/> Spirit Bear Centre Society |
| <input type="checkbox"/> Namgis Treatment Centre | <input type="checkbox"/> Nenqayni Wellness Center: Youth & Family
Inhalant Program |
| <input type="checkbox"/> Nenqayni Wellness Center : Family A&D Prg | |
| <input type="checkbox"/> North Wind Healing Centre | |

5. Why does your client need to go outside of the NNADAP system for treatment?

3) Describe any kind of involvement in the judicial system:

- | | |
|---------------------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Child Apprehension/Supervision Order | <input type="checkbox"/> Pending Charges |
| <input type="checkbox"/> Probation | <input type="checkbox"/> Pending Court Appearance(s) |
| <input type="checkbox"/> Parole | <input type="checkbox"/> Court-ordered treatment |

4) What kinds of programs would you like to see offered at NNADAP-funded Centres in the future?
