

CONFIDENTIAL

First Nations Health Authority



First Nations Health Authority
Health through wellness
540-757 W Hastings St. Vancouver, BC V6C 1A1

SUBSIDY APPLICATION FOR INPATIENT ADDICTIONS TREATMENT

A) CLIENT IDENTIFICATION:

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

B) PERSONAL HISTORY:

1) Employment Status:	Working	E.I.	S.A.	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:				
	Daily	Mostly Week-ends	Binge	

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

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

D) 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:

CONFIDENTIAL

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:

E) 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

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

4) Why does your client need to go outside of the NNADAP System for treatment?

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

- Child Apprehension/Supervision Order Probation
- Parole Pending Charges
- Pending Court Appearance(s) Court-ordered treatment

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