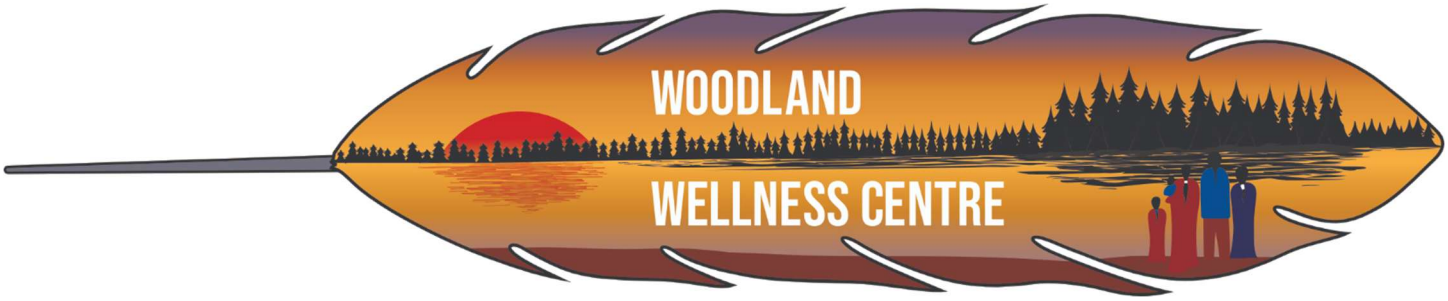


WOODLAND WELLNESS CENTRE

PARTICIPANT INTAKE PACKAGE

Woodland Wellness Centre

PO BOX 850, Air Ronge, SK S0J 3G0

PH: 306-425-9109 FAX: 306-425-9108

DATE: _____

PARTICIPANT NAME: _____

PARTICIPANT INFORMATION:

Last Name: _____ First Name: _____ D.O.B. _____

Nickname: _____ Self-Identified Gender: □ Male □ Female □ Other

Status Indian □Yes □No First Nations/Band: _____ Live On-Reserve: □Yes □No

Band Number: _____ Treaty Number: _____

Health Insurance Number: _____ Social Insurance Number: _____

Home Address: _____ City: _____

Province: _____ Postal Code: _____ Phone: _____

Marital Status: □Single □Married □Common-Law □Widowed □Divorced □Separated

Family Type: □Living Alone □With Partner □With Partner & Children □With Friends
□Single Parent with Children □With Extended Family

Number of Children & Ages: _____

Are you mandated to treatment by the Court or Child Family Services: □Yes □No

Do your children live with you? □Yes □No If yes, how long? _____

Education Level: Grade Completed: _____ □High School Diploma □Trade School □Post-Secondary

Difficulty Reading & Writing: □Yes □No Learning Difficulties: □Yes □No

Employment: □Full-Time Job □Part-Time Job □Unemployed □Seasonal Job □Home Maker

Student Residential School Attendance: □Yes □No. If yes, please explain: _____

_____

Do you require a wheelchair accessible room: □Yes □No. If yes, please explain: _____

_____

Do you have physical limitations WWC needs to be aware of: □Yes □No. If yes, please explain: _____

_____

Emergency Contact

Name: _____ Relationship: _____

Home/Cell Phone: _____ Work Phone: _____

PARTICIPANT DOES NOT WISH TO HAVE CONTACT WITH THIS/THESE PERSON (S): _____

_____

SUBSTANCE USE/PROCESS ADDICTION – HISTORY

SUBSTANCE OF ABUSE:	METHOD OF USE: ORAL/SMOKED/SNORT/IV	LENGTH OF USE:	AMOUNT CONSUMED DAILY:	DATE OF LAST USE:

TYPE OF GAMBLING OR OTHER PROCESS ADDICTION (FOOD DISORDER, INTERNET, SEX, ETC)	DURATION OF PROBLEM GAMBLING OR OTHER PROCESS ADDICTION	FREQUENCY OF GAMBLING OR OTHER PROCESS ADDICTION	LAST DATE OF GAMBLING OR OTHER PROCESS ADDICTION	SOGS (SOUTH OAKS GAMBLING SCORE) OR OTHER SCREENING TOOL

Do you smoke cigarettes? □Yes □No. If yes, how many cigarettes per day? _____

Please attach any assessments, including summaries completed in the last 7 weeks (SASSI, MAST, ETC), that support the application for inpatient treatment admissions.

Check off areas negatively impacted by your use:

□Housing	□Relationships	□Mental Health	□Other
□Employment	□Physical Health	□School	□Other
□Legal	□Financial	□Leisure Time	□Other

Family history of substance addiction? □Yes □No If yes, please explain: _____

_____

_____

_____

TREATMENT HISTORY:

Have you previously attended inpatient Treatment? □Yes □No

Year: _____Treatment Centre: _____Type of addiction: _____Completed: __

Year: _____Treatment Centre: _____Type of addiction: _____Completed: __

Year: _____Treatment Centre: _____Type of addiction: _____Completed: __

Year: _____Treatment Centre: _____Type of addiction: _____Completed: __

Have you ever been discharged, or self-discharged from treatment? □Yes □No

If yes, please explain: _____

_____

Longest period of being substance-free? _____

What helped you stay substance-free previously? _____

_____

Reason for requesting treatment currently? _____

_____

Have you ever attended: □Wellbriety Meetings □A.A. □N.A.

□Support Groups □Other: _____

What are your strengths and motivations for Inpatient treatment? _____

_____

_____

What will prevent you from completing Inpatient treatment? _____

_____

Do you have any dependent children under your care? □Yes □No

If yes, share your plan for childcare while in treatment: _____

_____

_____

What are your expectations and goals for Inpatient treatment? _____

_____

_____

LEGAL:

Have you ever been convicted of a crime? □Yes □No

If yes, please explain: _____

_____

_____

At the time of the offence, were you under the influence of any substances? □Yes □No □N/A

If yes, please explain: _____

_____

_____

Do you have any charges currently pending? □Yes □No

If yes, please explain: _____

_____

_____

Do you have an upcoming court date? _____

What is your current legal status? _____

Gang involvement? If so, please explain: _____

_____

_____

Important Note for Admission

- **Attach legal papers with the treatment application. (Probation Orders, CSO, Etc).**
- **Applicants must have all legal affairs in order before being admitted into treatment. Meaning no upcoming court dates while in treatment, an inpatient requires 100 percent participation in healing sessions by the client.**
- **Woodland Wellness Centre does not accept charged or convicted sex offenders.**

MEDICAL HISTORY:

History of seizures, heart condition, diabetes or other? □Yes □No □N/A If yes, please explain: _____

Ever been hospitalized/detoxed for excessive substance use? □Yes □No If yes, please explain: _____

Participant currently pregnant? □Yes □No □N/A Due Date: _____

Any family psychiatric history: _____

Do you have any psychiatric illnesses or symptoms? _____

Any other medical issues WWC should be aware of? □Yes □No If yes, please explain: _____

Do you have any allergies? _____

Do you use an EpiPen? _____

Do you have any dietary requirements? _____

Important Notice Regarding Dietary Restrictions

We are unable to accept individuals with allergies to freshwater fish or other traditional foods. These dietary restrictions will prevent full participation in required cultural activities and meals.

REFERRAL AGENT INFO (include alternate Referral Agent for contact)

Name: _____ Phone: _____

Community: _____ Title: _____

Email: _____

Name: _____ Phone: _____

Email: _____

What are your clinical/holistic interpretations of your participant? _____

_____

_____

Where is your participant on the "Stages of Change"? Checkbox below:

□ Pre-Contemplation □Contemplation □Preparation □Action □Maintenance

Describe important areas that need to be addressed during your participants' treatment stay. _____

_____

_____

Once the participant has completed treatment, please provide a Treatment plan and a timeline for ongoing aftercare: _____

_____

Post-Treatment appointment date for participant with referral agent: _____

REFERRAL ASSESSMENT

Has the participant ever been professionally assessed by a psychologist or psychiatrist? □Yes □No

If yes, provide dates and details: ***Attach a copy of the assessment*** _____

Check all applicable boxes:

□Trauma □Depression □Anxiety/Panic Disorder □Any type of Mental Health Disorder □Danger/Acting Out

□Family Trauma (Child apprehension, custody problems, lateral violence, marriage breakdown, etc)

□Greif and Loss □FAS/FAE □Suicide Ideation □Suicide Attempts

Please provide a brief explanation (if any): _____

_____

_____

Is suicide a concern? □Yes □No If yes, what is the level of risk? _____

NOTE: Please attach a copy of a suicide risk assessment and safety plan, if completed in the last 12 months.

PARTICIPANT SNAP (Strengths, Needs, Abilities, Preferences) (*To be answered from the participant's perspective*)

What do the participant believe as their:

Strengths (assets, resources): _____

Needs (liabilities, weaknesses): _____

Abilities (skills, aptitudes, capabilities, talents, competencies): _____

Preferences (those things the participants think will enhance his/her treatment experience): _____

In the participant's own words, what are their presenting problems and challenges? _____

PARTICIPANT SCREENING

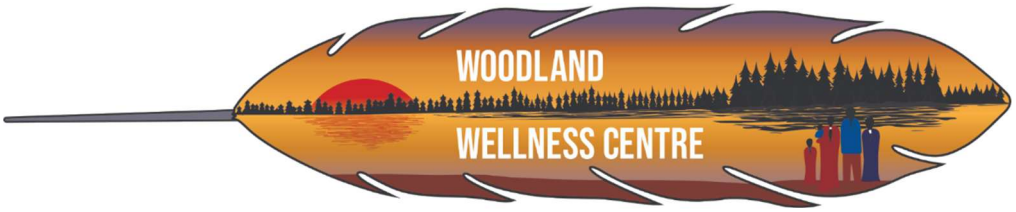
ALCOHOL SCREENING TEST The following questions are about your alcohol use during the past 12 months (check your responses below)	
Do you consider yourself a normal drinker? □Yes (0) □No (2)	Do friends or relatives think you are a normal drinker? □Yes (0) □No (2)
Have you attended a meeting at A.A? □Yes (5) □No (0)	Have you lost friends or girlfriends/boyfriends because of your drinking? □Yes (2) □No (0)
Have you gotten into trouble at work because of your drinking? □Yes (2) □No (0)	Have you neglected your obligations, your family, or your work for two or more days in a row because you were drinking? □Yes (2) □No (0)
Have you had delirium tremens (DTs), severe shaking, heard voices or seen visions that were not there after heavy consumption of alcohol? □Yes (2) □No (0)	Have you gone to anyone for help with your drinking? □Yes (5) □No (0)
Have you been in the hospital because of drinking? □Yes (5) □No (0)	Have you received a 24-hour roadside suspension, or have you been charged for impaired driving? □Yes (2) □No (0)
Total scores may range from 0 to 29 (scores of six or greater are considered to reflect serious problems with alcohol).	TOTAL SCORE:

DRUG SCREENING TEST The following questions are about your drug use during the past 12 months (check your responses below).	
Have you used drugs other than those required for medical reasons? □Yes (1) □No (0)	Have you abused prescribed drugs? □Yes (1) □No (0)
Do you abuse more than one drug at a time? □Yes (1) □No (0)	Can you get through a week without using drugs? □Yes (0) □No (1)
Are you always able to stop using drugs when you want to? □Yes (0) □No (1)	Have you had blackouts or flashbacks because of drug use? □Yes (1) □No (0)
Do you ever feel bad or guilty about your drug use? □Yes (1) □No (0)	Do your spouse or parents even complain about your involvement with drugs? □Yes (1) □No (0)
Has drug abuse created problems between you and your spouse or your parents? □Yes (1) □No (0)	Have you lost friends because of your use of drugs? □Yes (1) □No (0)
Have you neglected your family because of your use of drugs? □Yes (1) □No (0)	Have you been in trouble at work because of drug abuse? □Yes (1) □No (0)
Have you lost your job because of drug use? □Yes (1) □No (0)	Have you gotten into fights when under the influence of drugs? □Yes (1) □No (0)
Have you engaged in illegal activities to obtain drugs? □Yes (1) □No (0)	Have you been arrested for possession of illegal drugs? □Yes (1) □No (0)
Have you ever experienced withdrawal symptoms (felt sick) when you stopped using drugs? □Yes (1) □No (0)	Have you had medical problems because of your drug use (IE: memory loss, hepatitis, convulsions, bleeding)? □Yes (1) □No (0)
Have you gone to anyone for help with drug problems? □Yes (1) □No (0)	Have you been involved in a treatment program specifically related to drug use? □Yes (1) □No (0)
Score: 0 No Problem, 1-5 Low, 6-10 Moderate, 11-15 Substantial, 16-20 Severe	TOTAL SCORE

REVIEWING THE FOLLOWING WITH THE PARTICIPANT. PARTICIPANTS MUST CHECK EACH BOX AND SIGN BELOW:

- ○ I understand that to be admitted to WWC Resident Treatment, I must remain alcohol and drug-free for at least 7 full days before my admission/intake date and be well enough to participate in the healing sessions. If I arrive under the influence of alcohol or other drugs, or in withdrawal requiring clinical intervention, I will be asked to leave the WWC and will be required to reapply for treatment.
- ○ I understand that the WWC is not responsible for my transportation or any other personal costs I may incur (IE: cigarettes, snacks, etc.) while I am in treatment.
- ○ I will bring all medications I am taking; I understand the medications might be bubble-packed and kept in a secure area. I understand all unsafe or unapproved medications will be properly disposed of on treatment intake day (see page 16 of 21 for the list of unsafe medications and alternates).
- ○ I understand that I cannot schedule any personal appointments (IE: hair appointments, court, non-emergency doctor appointments, etc.) for the period while in treatment, as I must focus on my treatment healing sessions and land-based activities.
- ○ I understand that and agree to accept and attend all components of the treatment healing sessions as suggested by the WWC staff – including all land-based activities, one-on-one counselling sessions and group healing sessions.

Participants' Signature: _____Date: _____



Woodland Wellness Centre
Box 850, Air Ronge, SK S0J 3G0
PH: 306-425-9109 FAX: 306-425-9108

I, _____, hereby release The Woodland Wellness Centre from any legal liability in the case of an accident/injury attending sweat-lodge, meat/medicine preparation, special events, any self-help meetings, use of equipment, use of the fitness facility at JRMCC, or any other indoor/outdoor activities that occur on the premises of the Woodland Wellness Centre.

Dated in the Province of Saskatchewan _____.

_____ _____

Participant Signature Staff Signature (Witness)

Woodland Wellness Centre

Confidentiality Protocol

You are entitled to enter the Woodland Wellness Centre with the understanding that any information disclosed to a staff member will be held in strict confidence. This is inclusive of all records, materials, and oral or written communication.

Counsellors may choose or be obligated to break confidentiality under the following circumstances:

1. You disclose that you are intending to harm another person.
2. You admit to a plan to harm yourself.
3. You disclose that a child less than 16 years of age is being abused or neglected.
4. You are in medical distress and unable to speak.
5. Your file is subpoenaed by the court.
6. The police have a warrant for your arrest.

Staff members of the Woodland Wellness Centre are bound by the rule of non-disclosure during and after employment at the Woodland Wellness Centre.

As well, you cannot share any information about another participant or share if another participant is in treatment. A simple definition of confidentiality is: **"Who you see here, what is said here, when you leave here, let it stay here".**

Date: _____

_____ _____

Participants Signature WWC Counsellor Signature

PLEASE NOTE, ALTHOUGH ALL PARTICIPANTS SIGN A <u>CONFIDENTIALITY PROTOCOL FORM</u> WHILE ATTENDING THE WOODLAND WELLNESS CENTRE, THIS DOES NOT MEAN THAT THEY WILL MAINTAIN CONFIDENTIALITY.

PARTICIPANTS PROHIBITED BELONGINGS LIST

Prohibited items include:

Clothing that promotes alcohol or references alcohol or drugs	Perfumes, Colognes	Nail Polish, Nail Polish Remover, or Synthetic Nail Related Products
Clothing promoting anything inappropriately (sex, drugs, violence)	Mouth Wash	Unapproved Medications
Over-the-counter medications (Will be disposed of immediately if unsealed)	Alcohol or Drugs (Will be disposed of immediately)	Pornography
Weapons (guns, knives, scissors, or other sharp objects, ropes, etc)	Revealing clothing (tank tops, sleeveless shirts, short shorts or skirts)	Radios
Food or Drinks	Products that contain alcohol	Hairspray or other aerosol items
Electronics (video games, gaming consoles, DVDs, cameras, etc)	Cleaning Supplies (bleaches, ammonia, etc)	Candles & Incense
Cellphones, Tablets, iPads, smartwatches		

(after reviewing with participant, please sign below)

Participant Signature

Staff Signature (Witness)

LIST OF ITEMS TO BE KEPT IN STORAGE (i.e., cell phones, tablets, and other prohibited items)

ITEMS	ITEMS	ITEMS

These items are stored in secure storage cabinets

DATE PERSONAL BELONGINGS RETURNED TO PARTICIPANT: _____

Participant Signature

Staff Signature (Witness)

These items are stored in the storage room and retrieved by staff as needed

Medical Form (Must be completed by Physician or Nurse Practitioner)

Participants First Name: _____Last Name:_____

Participants Date of Birth: _____Health Card Number: _____

Physician Name: _____Phone Number: _____

Please check Yes or No to indicate if the client is currently being treated or if they have a history of any of the following:

	YES	NO	PLEASE PROVIDE DATES & DETAILS
Tuberculosis			
Heart Disease			
Mental Illness			
Epilepsy			
Seizures – other than Epilepsy			
High Blood Pressure			
Cancer			
Allergy			
Stroke			
Diabetes			
Back Pain			
Venereal Disease			
Emphysema or other lung disease			
HIV/AIDS			
Hepatitis A, B, and C			
Scabies			
Lice			
Pregnancy			**LPM** / / / Live Births: *Day Month Year*
Special Diet			

CURRENT MEDICATIONS	DOSAGE	REASONS/COMMENTS

*** or attach copy of MAR and/or PIP*

IMPORTANT NOTE FOR ADMISSION CRITERIA

- The participant's 1 WEEK SUPPLY of medications is required to be blister-packed.
- Please list the admission diagnosis with a brief history of present active medical conditions.
- Provisions for any follow-up treatments or care required while in WWC? Please specify.
- Any pertinent physical exam findings? Please specify.

Medical Form Section Continues into the next page…

Medical Form Section Continued…

Physician/Nurse Practitioner Name: _____

Address: _____

Phone: _____ Fax: _____

_____ _____

Physician/Nurse Practitioner Signature Date

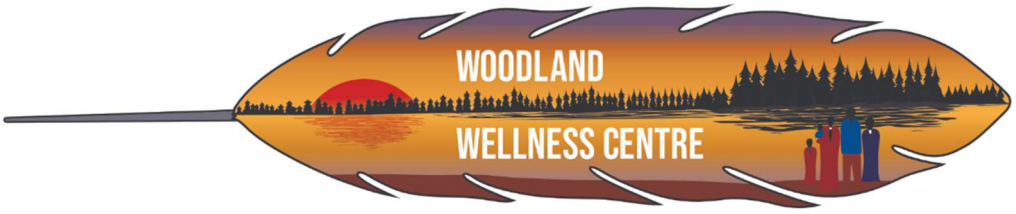
Office Stamp

NOTE: Please ensure you have read and reviewed the Safe/Unsafe Medication List on page 16. Non-compliance with said list will result in the applicant not being accepted into Woodland Wellness Centre.

Woodland Wellness Centre Fax#: 306-425-9108 or 306-425-1920

UNSAFE	SAFE
Avoid pain medications that contain Opiates (I.E. Codeine): ➢ Tylenol 1, 2, 3 or 4 (all Opioids) ➢ Demerol ➢ Percocet ➢ Fiorinal Plan¼ or½ ➢ Levo-Dromoran ➢ 222, 282, 292, 692, Darvon (Propoxyphene) ➢ Talwin ➢ Percodan ➢ Leritine ➢ Dilaudid ➢ Nabilone ➢ Gabapentin **Avoid Nerve and Sleeping Pills, including:** ➢ Librium ➢ Tranxene ➢ Serax ➢ Xanax ➢ Others used for anxiety/nervousness/ tranquilizer ➢ All Benzodiazepines **Avoid CNS Stimulants such as Methamphetamines:** ➢ Dextroamphetamine (Dexedrine) ➢ Lisdexamphetamine **Avoid Sleeping Pills, including these and others:** ➢ Dalmane ➢ Halcion ➢ Restoril ➢ Tuinal ➢ Seconal ➢ Zopiclone (lmovane) **Avoid Muscle Relaxants:** ➢ Robaxisal ➢ Robaxacet ➢ Parafon ➢ Flexeril **Over-the-counter Medications Can Be a Serious Threat:** ➢ Cough syrups contain alcohol, codeine and antihistamines. These are all drugs which need to be avoided. **Avoid Sedating Antihistamines such as:** ➢ Gravol ➢ Actifed ➢ Dimetap ➢ Chlortriplon ➢ Benydryl or products containing diphenhydramine	**Pain Medications:** ➢ ASA or Aspirin ➢ Advil or Ibuprofen ➢ Midol **Available Only by Prescription:** ➢ Tryptan ➢ Buspirone (Buspar) ➢ Toradol ➢ Possible other prescription medications - please contact the Resident Nurse for clarification *Antidepressants Safe with Proper Use and by Prescription* **Only:** ➢ Elavil ➢ Citalopram ➢ Morex ➢ Serzone ➢ Desipramine ➢ Effexor (Venlafaxine) ➢ Zoloft (Sertraline) ➢ Prozac (Fluoxetine) ➢ Luvox (Fluvoxamine) ➢ Paxil (Paroxetine) ➢ Trazodone (Desyrel) ➢ Mirtazapine ➢ Buproprion ➢ Seroquel (Quetiapine) Migraines: ➢ Imitrex **Non-Sedating Antihistamines:** ➢ Seldane ➢ Claritin ➢ Hismanil **Sleep Aids:** ➢ Epsom Salt ➢ Melatonin ➢ Calcium (333mg), Magnesium (167mg) with VD3 (Smcg) ➢ Lavender Oil

Note: This is a partial list. If you require more information, please ask the doctor or pharmacist about non-psychoactive/mood- altering medications.



Participants' Name: _____Age: _____

Allergies: _____

Date	Time	Drug name, Dose, Route, Dosing interval One week supply	MAR	Nurse Initials
		Thiamine 100mg PO daily (for 7 days)		
		Folic Acid 1mg PO daily (for 7 days)		
		General medications: Take medications as previously prescribed in a bubble pack		
		Ibuprofen 200mg 1-2 tabs every 6-8 hours by mouth as needed		
		Tylenol SOD mg 1-2 tabs every 4-6 hours by mouth as needed		
		NIX shampoo 1%- apply once and repeat in 7 days, if lice or nits are still present		

Prescriber Signature: _____Date/Time: _____

Woodland Wellness Centre

Treatment House Guidelines

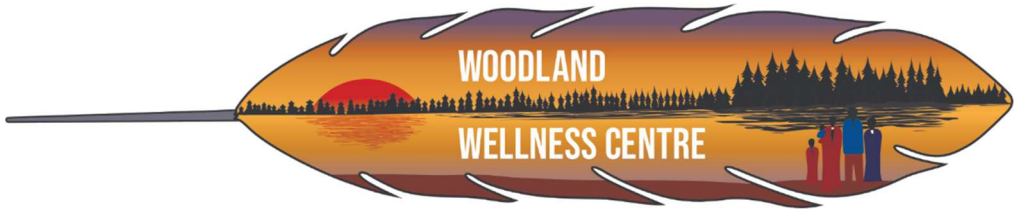
The Woodland Wellness Treatment Centre offers addiction treatment services to people with alcohol, drug and gambling problems. During your stay, we will work with you to help you address these problems, and we kindly ask you to follow the WWC Addictions Treatment Plan. To help with this, please follow the House Guidelines listed:

- At no time will participant(s) threaten or try to intimidate WWC Staff or other participants during the 6-week WWC Healing Sessions. Failure to comply will result in immediate dismissal from WWC Treatment.
- If a WWC participant becomes physically aggressive, violent or threatening towards staff or other participants, the WWC will contact the RCMP to remove the participant from the premises. Failure to comply will lead to automatic discharge of treatment.
- WWC has healing sessions with planned activities- please follow the activities as scheduled.
- During the settling-in period, there will be no phone calls, visitors, or shopping for the first 10 days. After the 10 days, participants are eligible to make business calls daily from 1 pm-2 pm, and family calls on Sundays from 1 pm to 4 pm.
- Smoking, beverages and food are allowed only in designated areas.
- Participants are not to purchase energy drinks during their stay at WWC.
- Cell phones and electronics are not permitted.
- TV is a privilege and will only be allowed during weekends and will be monitored; failure to comply with the rules will result in a verbal warning.
- Restricted content on the television (i.e. Party music, shows that depict drugs, alcohol, and/or violence) is not allowed.
- Participants will not ask staff to use office phones for any reason; no exceptions.
- Participant outings are a privilege and can be taken away if a WWC Wellness Worker finds it necessary to do so.
- Participants will be assigned specific housekeeping duties, which will be rotated weekly; failure to comply could lead to a verbal warning and will be documented in a participant's chart.
- Participants are responsible for making their beds and cleaning their bedrooms each morning and replacing their sheets every Saturday.
- Relationships/sexual relationships are not permitted at any time between participants during their stay (staff included).

- Participants are expected to be awake by 7 am each morning, except on weekends. Participants should be awake by 8 am.
- Lights are out every evening by 11 pm from Sunday to Friday. Lights are out at 12 am on Saturdays.
- Quiet time begins at 11 pm.
- Participants are encouraged to attend all WWC healing sessions and activities, including AA meetings, outside meetings, recreation and other group activities.
- WWC rooms are designated for male and female; men are not allowed in women's rooms and vice versa. Gender identity will be considered.
- During treatment, participants are not allowed to visit homes or relatives. Relatives are welcome to attend visiting days (every Sunday between 1 pm and 4 pm) after 10 days settle in period.
- Respect one another's customs and beliefs.
- Dress properly and accordingly while in treatment.
- Staff are not responsible for any items left at WWC.
- Rooms will be inspected by staff regularly.
- Alcohol and drug use are prohibited. If the participant is suspected of using any substances, a drug test will be done. If the result is positive, immediate discharge will occur.
- NO SWEARING allowed at any time during your stay; you will be given 2 warnings; A third warning is grounds for dismissal from WWC.
- Tobacco – cannot be traded, sold, or borrowed.
- No lending of money under any circumstances.
- Treating every person (fellow participant, staff member, or community member) with respect is an expectation.
- If three verbal warnings are given (due to not following any of the House Guidelines)- and after the third warning, a participant will be involuntarily discharged from WWC.

I understand and agree to follow these House Guidelines.

Participants Signature	Date
WWC Staff/Witness Signature	Date



Woodland Wellness Centre

Treatment Admission Policy

- The applicant must be eighteen years old or older to attend services.
- Participants must be sober for a minimum of 7 days before treatment at WWC.
- If WWC staff suspect drug/alcohol use, a drug test will be done; if WWC finds that a participant has used, the participant will be involuntarily discharged from treatment.
- Participants will be on a 10-day settling-in period; there will be no visits, phone calls or shopping during the first 10 days in treatment.
- All referral agents are responsible for transportation to WWC. **Transportation arrangements to and returning to their community will be the responsibility of the community or referral agent**. If the participant uses their own means of transportation, WWC will require the keys to be turned in upon arrival.
- WWC is responsible for providing inpatient treatment services to all Lac La Ronge Indian Band communities. (Stanley Mission, Hall Lake, Grandmothers Bay, Sucker River, Little Red and La Range). If full capacity is not met, WWC will accept other First Nations applicants, Non-Status, Metis and Non-First Nations from anywhere in Canada or elsewhere.
- Participants must arrive on the scheduled intake date; no later. If you are travelling from a distance greater than 4 hours, ensure to arrive before 3:30 pm.
- **The admission policy, house guidelines, application form, medical examination form and conditions of Agreement form need to be signed and completed by the participant and the referral agent and then submitted for screening to WWC.**
- The applications will be reviewed and approved by the WWC Team – Elders, Wellness Workers, LPN, Intake Coordinator, Treatment Manager and/or WWC Director.
- A letter of confirmation of acceptance is necessary to be admitted into WWC.
- The participants and/or referral agent(s) are responsible for arranging **legal, medical** and other personal matters to be taken care of **before** or **after** WWC treatment. No exceptions.
- Prescribed medications and over-the-counter drugs will be retained by WWC. Preferably blister/bubble packed.
- WWC is required to inspect the participant's belongings upon admittance.

- We are unable to accept individuals with **allergies to freshwater fish or other traditional foods**, as these dietary restrictions will prevent full participation in required cultural activities and meals.
- The referral agents are responsible for the participants before, during treatment and upon discharge. RAs are also recommended to provide follow-up with participants at 1 week, 3 months, 6 months, 1 year, and 2+ years after discharge. Referral agents are required to conduct bi-weekly check-ins with their clients.
- WWC has the right to discharge any participant who does not want to follow the treatment plan or policies of WWC.
- A participant's transportation to WWC cannot leave until a drug test is completed. If the test is positive, the participant will return with their community transportation.
- Participants can self-discharge at any time.

I understand and agree with the Admission Policy.

_____ _____

Participants Signature Date

_____ _____

Referral Agent/Witness Signature Date