

Scotty Recovery House Intake Form

Ktunaxa Nation
Social Sector

Phone: (250) 464-9990
Fax: (778) 517-0087

web site: www.ktunaxa.org
e-mail: dawwhitehead@ktunaxa.org
CC : angela.guy@interiorhealth.ca

Supported Recovery Program Intake Information

The Scotty Recovery House (SRH) is designed to support you in making the changes you want in your substance use and your life.

There are some important aspects to the Scotty Recovery House to be aware of. First, the SRH is an Addictions Recovery Program, not a housing program. This means that the monthly payment you make for housing is considered a program fee as opposed to a room rental. Therefore, the housing agreement does not fall under the Residential Tenancy Act. If you are not covered by Social Assistance/PWD for the Per Diems you will be required to pay the monthly amount on the first business day of every month; If not paid you will be asked to leave the program.

- SUPPORTED RECOVERY PROGRAM participants MUST attend and/or participate in the SUPPORTED RECOVERY PROGRAM including:
 - Mandatory programming as indicated on the program schedule
 - Must be seeing a counsellor of choice a minimum of every other week.
 - Create and follow a support plan
 - 10pm Curfew (9 pm for first month).
 - Peer mentorship model for the first week. You will be matched to a peer mentor for the first week, if you leave the house you must be accompanied by a staff or your peer mentor.
 - Must apply and follow through with attending a treatment center of their choice or have proof of attending treatment within the last 3 months.
 - Maximum program length is six months.
- SRH participants must remain actively engaged in their own recovery from substance misuse and be actively working towards the goals outlined in their Individual Support Plans.
- SRH participants will engage with support staff in preparing an active discharge plan with regards to further housing and supports.
- SRH is a fully furnished, eight bed shared living house. Program participants are asked to only bring in personal items that will fit in their bedroom. Participants are required to make arrangements for the storage of any other belongings prior to entering the program. SRH will not be responsible for lost/stolen property during residency.
- SRH has video camera's set up in all public areas of the home, with exception to the bedrooms and bathrooms. Camera footage can only be accessed upon management approval.
- Anyone entering the Scotty's Recovery House is consenting to their information to be shared with our clinical support team.

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First Name		Last Name		Previous Last Name (if applicable)	
BC Care Card Number		Birth Date (year/month/day)	SIN #		Gender
Street Address and Box Number				Postal Code	
Phone Number		Alternative contact Info.		Is it OK to leave a message? Yes No	
Emergency Contact Name		Your relationship to this person		Emergency Contact Phone Number	
Doctor/Nurse	Are you of Aboriginal ancestry? If yes please list Nation or Band if known Yes No		Do you have a Status Card? If yes provide number. Yes No		
Are you on Social Assistance or PWD (YES) (NO) and if yes, what is the file number? (Please attach proof if you are on SA/PWD)					
If NO what is your funding source?					
If you are accessing services because of someone else's request please circle Partner Parent Colleague Child Court Order Other					
Who recommended that you contact us? Self Family Probation Doctor MCFD School Employer Other (specify)					
What is your primary goal up completing your stay at Scotty's Support & Recovery House? (i.e stable housing during aftercare phase, to have stable housing and substance-free setting while searching for employment, attend treatment)					
Are you currently receiving counselling or support from any other service? If yes, please list					Yes
No					

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Have you ever attempted suicide or seriously harmed yourself? If yes, please explain No	Yes
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Cultural:
 Scotty's uses Welbriety information and practice booklet as well as other First Nations events, practices and programming.
 Please list below if you have cultural practices that you would like to be considered, observed or practiced while you are living at Scotty's:

Substance	Level of Concern			Date of last use?	Method of use	General quantity consumed
	Low	Medium	High			
Alcohol						
Marijuana/Hash						
Cocaine/Crack						
Opioids (heroin, morphine, Fentanyl, etc.)						
Benzodiazepines (Valium, Ativan, Xanax etc.)						
Club drugs (ecstasy, Ketamine, GHB etc)						
Hallucinogens (mushrooms, LSD, Salvia, etc)						
Amphetamines (crystal meth, Dexedrine, Ritalin, etc)						
Tobacco/E-cigarettes						
Other Drugs (specify)						

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Are you employed? Or ready for Employment?

Education (going back to school? Volunteer Work/Exercise etc.)?

Housing Goals – (or other accommodation after the Recovery House)

Legal Involvement - Including current/historical charges of violence, outstanding charges, probation/parole and incarceration

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Social Service Involvement – Only if you need support with visits and/or working to get your children back into your care.

Overall Goal of Recovery House- ie. Attend treatment, find employment/housing.

Please FAX the Intake Form & Attached Medical Form to 778-517- 0087

Or scan & email to Diane Whitehead: dawhitehead@ktunaxa.org

&

CC also email to Angela Guy: angela.guy@interiorhealth.ca

[Fax:250-420-2279](tel:250-420-2279)

Updated: June 2020



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MEDICAL FORM

Name _____ Date of Birth _____

Physician _____ PHN: _____

Emergency Contact: _____

Allergies _____

Current Medications: _____

Medical Conditions _____

Substance Abuse History

- alcohol
- opiates
- stimulants
- other _____

Substance Withdrawal

- previous seizures or delirium tremers
- attended facility detox
- home detox
- other _____
- off alcohol and drugs, _____ days/months

Is this patient mentally and physically stable?

- yes No

Is this patient mentally and physically capable of participating in a treatment program for substance abuse?

- yes No

Discharge Plans _____

Physician/ Nurse Practitioner/ Chemical Dependency Nurse Name & signature Date

Client Signature Date



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**** NOTE**** By signing the medical form, the client is consenting to the above medical information to be released to the clinical and support team at the Recovery House.

