CENTRE WANAKI CENTRE
50 Wanaki Mikan P.O. Box 37, Maniwaki (Qc) J9E 3B3 ADMISSIONS: ext 4227
819-449-7000 1-800-745-4205 819-449-7832 819-449-2007
reception@wanakicentre.com www.wanakicenter.com admissions@wanakicentre.com

ADMISSION REQUEST
FOUR WEEK VIRTUAL PROGRAM
Updated January 2024

This admission form contains four (4) sections:

Section 1: Informed Consent
Section 2: Client Admission – General Information
Section 3: To be completed by the client
Section 4: Health Evaluation

- □ **STEP 1:** The Wanaki Centre must receive sections 1 to 4 fully completed before we can proceed with our clinical assessment. We highly recommend to all applicants to have a referral worker for support.

- □ **STEP 2:** The Centre will complete a clinical assessment. The Centre's admission decision will be provided to the referral and client.

- □ **STEP 3:** Upon receipt of the admission decision, the referral and client must sign and return the signed form by fax or email to confirm the client's admission to the virtual program cycle.

- □ **STEP 4:** Once the Wanaki Centre has received the signed admission decision form by the client and referral worker, a Zoom or phone pre-contact meeting will be scheduled with the client prior to the start of the program to provide additional information. The welcome box of material will be mailed out after pre-contact is complete.

There are 4 principles to follow:

- Respect for yourself and others
- Honesty with yourself and others
- Willingness to listen and learn
- Openness to share

All applications sent to the Wanaki Centre can or will be deferred from a program only once. If an application exceeds this period, a new application will have to be submitted.

You are responsible to work to the best of your ability on your 4 aspects:

- Physical (walking, exercise)
- Mental (paying attention during workshops, reading, learning from others)
- Spiritual (smudging, praying, medication, offering tobacco)
- Emotional (writing in my journal, sharing in the circle)

SECTION 1: INFORMED CONSENT

Informed Consent Form

Wanaki is a recognized NNADAP Treatment Centre with years of experience specializing in various counseling fields. We value our relationship with our clients and believe that such relationship is the guiding line in the healing process.

We believe that each individual is unique and has their own way of addressing resolutions. Thus, we believe in a wellness model that helps our clients empower themselves by focusing on what works for them and not in a systematic approach that provides a generic procedure on working on a treatment. One's journey is not the same as the other.

Client's Rights

1. The client may ask questions on what to expect during and end result of the wellness program.
2. The client may decline to proceed the program as to the techniques which may be conducted by the clinical team.
3. The client may cease to continue the program wellness anytime.
4. The Clinical Team has the right to dismiss the client from the program.
5. Right to confidentiality: Within limits provided for by law, all records and information acquired by the counsellor shall be kept strictly confidential in accordance to the principles of a counsellor/client relationship. All information will not be shared or revealed to any person, agency, or organization without the prior written consent of the client.
6. The client can raise any concerns and to speak with the counsellor immediately of any concerns provided that the counsellor is likewise available to discuss matters with the client

Emergency Contact Consent

For safety measures we require that you provide 2 (two) emergency contacts. Your consent is required for Wanaki centre to contact your emergency contacts in case of emergency.

Emergency Contact #1	Emergency Contact #2
Name:	Name:
Phone number:	Phone number:
Relationship:	Relationship:

I _____, declare that I have read all of the information including my responsibilities. I understand that if I do not abide by the outlined principles and responsibilities that I could be asked to leave the program. I agree that if I am accepted in the program that I will fully participate on a daily basis, and complete work assignments.

_____ _____

Client Signature Date (D/M/Y)

_____ _____

Referral Signature Date (D/M/Y)

SECTION 2: CLIENT ADMISSION – GENERAL INFORMATION

**** Please include a copy of provincial health and the first nation status card or Inuit registration**

*Surname:			*Name:		
Email:				Health card number:	
*Date of birth DD/MM/YYYY:	Age:	*Sex (identify as):	Telephone:	Cellphone:	
*Address (Add P.O box if required)			City:	Province:	Postal Code:
Language Spoken:		Language Preferred:		Language Understood:	
Community:		Nation:		First Nation status number / Inuit registration:	

EDUCATION

Last grade completed? _____	Where?	Reading Level:	Writing Level:
☐ Elementary school ☐ High School ☐ College ☐ University ☐ Professional ☐ Other:	☐ Public Off-Reserve ☐ Public On-Reserve ☐ Private School ☐ Residential School	☐ Excellent ☐ Good ☐ Poor	☐ Excellent ☐ Good ☐ Poor

FINANCIAL SITUATION

Employment status / Financial situation:	What has been your principal source of income during the past six months?
	☐ Work ☐ Spouse ☐ Parents ☐ Social Assistance ☐ Employment Insurance ☐ Pension or Insurance ☐ Other (please specify) _____

FAMILY / RELATIONSHIPS

Marial Status:	Does client have dependent children?	If yes, do they have access to adequate childcare while in the program?	Are the children in care?	Does the client have other dependents?
☐ Single ☐ Married ☐ Widowed ☐ Separated ☐ Divorced	☐ Yes ☐ No If yes, how many? _____	☐ Yes ☐ No ☐ Not applicable	☐ Yes ☐ No ☐ Not applicable	☐ Yes ☐ No

Provide information on the client's children or other dependents:

Name	Age	Relationship

Family Support:	Family Strengths:

LEGAL STATUS

PLEASE READ CAREFULLY If you have any legal situations, you will have to meet the following criteria. Provide any supporting documentation requested by Wanaki to complete a proper assessment of the application. If the person applying has an active criminal record, a copy of this record will need to be forwarded to us to complete the application.

Has the client been court ordered to attend the program?

- ☐ Yes
- ☐ No

If yes, provide details (include details/copy of Probation Order if applicable and/or available)

Is the client under any of the following legal condition?

- ☐ Bail
- ☐ Parole
- ☐ Temporary Absence Order

Legal System Involvement:

- ☐ Criminal Court
- ☐ Family Court
- ☐ Drug Court Treatment
- ☐ Probation
- ☐ Charges Pending
- ☐ Court Order
- ☐ Restorative Justice
- ☐ Pre-trial Release
- ☐ Conditional Sentence

Other (provide details, dates, etc.):

HISTORY

Has client participated in a non-residential / community-based substance abuse program?

- ☐ Yes
- ☐ No

Has the client participated in a non-residential / community-based mental health program?

- ☐ Yes
- ☐ No

Has the client participated in a residential / virtual treatment program before?

- ☐ Yes
- ☐ No

If yes, how many? _____

If yes, please provide information on previous treatment experience:

Year	Treatment Centre	Type of Addiction	Completed	Comments
			☐ Yes ☐ No	
			☐ Yes ☐ No	
			☐ Yes ☐ No	
			☐ Yes ☐ No	
			☐ Yes ☐ No	

Reason(s) for currently requesting to join a program?

CONSUMPTION

What age were you when you first started consuming substances?

What age were you when you first started began having serious substance abuse issues?

On average how often do you consume substances?

- ☐ Everyday
- ☐ Weekends
- ☐ Few days a week
- ☐ 1-2 days a month

What type(s) of substance do you abuse?

Alcohol:

- ☐ Beer
- ☐ Liquor
- ☐ Wine
- ☐ Other: _____

Drugs:

- ☐ Weed
- ☐ Cocaine
- ☐ Speed
- ☐ Ecstasy
- ☐ Crystal Meth
- ☐ Opioids
- ☐ Heroin
- ☐ P.C.P
- ☐ Acid
- ☐ Mescaline
- ☐ Solvent/Inhalants
- ☐ Other: _____

Abuse Prescription drugs:

- ☐ Yes
- ☐ No

If yes, specify: _____

Nicotine:

- ☐ Cigarettes
- ☐ Vapes
- ☐ Cigars
- ☐ Shewing tobacco
- ☐ Pipe
- ☐ Other: _____

Sober since (if applicable):

Why do you think you use substances?

WITHDRAWAL SYMPTOMS		
Has client experienced any of the following symptoms while withdrawing from substances in the last 12 months?		
Symptom		Describe
Blackouts	☐ Yes ☐ No ☐ Not applicable ☐ Unknown	
Hallucinations	☐ Yes ☐ No ☐ Not applicable ☐ Unknown	
Nausea/Vomiting	☐ Yes ☐ No ☐ Not applicable ☐ Unknown	
Seizures	☐ Yes ☐ No ☐ Not applicable ☐ Unknown	
Shakes	☐ Yes ☐ No ☐ Not applicable ☐ Unknown	
Delirium Tremens (DT's)	☐ Yes ☐ No ☐ Not applicable ☐ Unknown	
Ever experienced DT's?	☐ Yes ☐ No	
PROCESS BEHAVIOURAL ADDICTION		
Has client experienced problems with any of the following in the past 12 months?		
Process/Behavioural Addiction		Describe
Gambling (slots, cards, Keno, bingo, etc.)	☐ Yes ☐ No ☐ Not applicable ☐ Unknown	
Eating (obesity, anorexia, bulimia, etc.)	☐ Yes ☐ No ☐ Not applicable ☐ Unknown	
Sex (promiscuity, etc.)	☐ Yes ☐ No ☐ Not applicable ☐ Unknown	
Cellphone/texting	☐ Yes ☐ No ☐ Not applicable ☐ Unknown	
Social media	☐ Yes ☐ No ☐ Not applicable ☐ Unknown	
Gaming	☐ Yes ☐ No ☐ Not applicable ☐ Unknown	
Other (please specify):	☐ Yes ☐ No ☐ Not applicable ☐ Unknown	

MENTAL HEALTH		
Provide the following information about the client's health status in the past 12 months:		
Mental Illness		Describe
Been diagnosed with a mental illness	☐ Yes ☐ No ☐ Not applicable ☐ Unknown	If yes, please explain:
Currently being treated	☐ Yes ☐ No ☐ Not applicable ☐ Unknown	
Currently on psychiatric medication	☐ Yes ☐ No ☐ Not applicable ☐ Unknown	If yes, please list medication:
Taking medication consistently	☐ Yes ☐ No ☐ Not applicable ☐ Unknown	
*Previous suicide attempts/ideation	☐ Yes ☐ No ☐ Not applicable ☐ Unknown	If yes, when?
*Hospitalized for suicide attempts	☐ Yes ☐ No ☐ Not applicable ☐ Unknown	If yes, when?
*Currently suicidal	☐ Yes ☐ No ☐ Not applicable ☐ Unknown	
Other important information:		Name and phone number of psychiatrist/psychologist (if applicable)

OTHER		
What spiritual/religious beliefs do you follow?		Are you interested in learning basic Algonquin First Nation Cultural and Spiritual teachings? (Please take note, this is part of the program) ☐ Yes ☐ No
Does the client have cultural and/or spiritual beliefs and practices we need to be aware of?	☐ Yes ☐ No	If yes, please describe:
Does client have literacy or learning needs or issues we need to be aware of?	☐ Yes ☐ No	If yes, please describe:
Are there any other significant issues we need to be aware of?	☐ Yes ☐ No	If yes, please describe:
Does client understand there is an expectation they have been alcohol and drug free for at least 7 days prior to admission (or 14 days if withdrawing from benzodiazepines). (Client with less than the required days must notify Wanaki Centre prior to admission).		☐ Yes ☐ No
Personal strengths:		

REFERRAL INFORMATION				
Surname:		Name:		
Employment title:	Telephone:		Cellphone:	
Organization:		Email:		
Organisation address:(Add P.O box if required)		City:	Province:	Postal Code:
Has the client completed two pre-program appointments? ☐ Yes ☐ No		Will you continue to see the client once he/she has completed the program? ☐ Yes ☐ No		
Please provide appointment dates	Date 1:	Date 2:	Date 3:	Date:

What other supports would be available to your client in their community upon completion of treatment?

Name/Resource	Description of support

Please provide/attach a brief assessment summary (Assessment Summaries completed within 6 weeks of this application may be substituted and attached) including summarization of any assessment processes completed with the client (e.g. SASSI, MAST, DAST, etc.) which support the application to the program, and evaluate how addictions have affected your client in all domains (e.g. domestic, medical, school, psychological, spiritual, emotional).

CLIENT'S STAGE OF READINESS

- ☐ Precontemplation - Not considering change; resistant to change
- ☐ Contemplation - Unsure of whether or not to change, chronic indecision
- ☐ Determination - Preparation; committed to changing behaviour within one month
- ☐ Action - Begin changing behaviour
- ☐ Maintenance - Behaviour change has persisted for 6 months or more

Please list any questions or concerns the client has indicated during the intake process:

What other areas might need to be addressed in the program? (e.g., abandonment, residential schools, anger, grief, loss, parenting skills, sexual abuse, rejection, financial, spirituality, suicide, mental health, gambling and other addictions, etc.):

Referral assessment of the client's strengths and potential challenges for completing the program:

REFERRAL CHECKLIST		
Please initial which applicable items have been completed. Check off any items attached to this application:		
Item	Attached	Initials
Psychiatric Evaluations	☐ Yes ☐ No	
Probation Order	☐ Yes ☐ No	
Current Medical Assessment Forum	☐ Yes ☐ No	
Assessment Summary	☐ Yes ☐ No	
Substance Abuse Profile	☐ Yes ☐ No	

Please Initial each item that has been completed:	
Item	Initials
All medical, dental, and optical appointments have been dealt with prior treatment	
All financial matters have been dealt with prior treatment	
All legal matters have been dealt with prior treatment	

REQUIRED EQUIPMENT CHECK	
Does the client have an appropriate device with a camera and microphone to participate in the program? (E.g., Smartphone, tablet, laptop, computer, etc.)	☐ Yes ☐ No
If you answered no, are you able to provide your client with a device or location with a device in order to participate in the program?	☐ Yes ☐ No
If you answered no, Wanaki offers the rental of tablets with data for clients who need them for the duration of the program. Does your client need a tablet from the Wanaki center?	☐ Yes ☐ No
Please note that when you request a tablet rental from us, you automatically become responsible for the tablet provided to your client and a contract to be signed will be sent to you. **Tablet rental can be done by a referent only.**	

SIGNATURE	
Referral Signature	**Date (D/M/Y)**

SECTION 3: TO BE CLOMPLETED BY THE CLIENT

MOTIVATION
Are you willing to work in a virtual group structure?
Do you have difficulties following the rules and regulations?
EXPECTATION
Sometimes people have mixed/confused feelings about following a healing program, how do you feel?
In which areas do you see us helping you (i.e., emotional, mental, physical, spiritual)?
What expectation do you have for yourself (i.e., commitment, learning)?
MOTIVATION LETTER
Please tell us in your words why you are motivated to participate in the Wanaki Centre's virtual program

CLIENT AUTORISATION

I authorize the information submitted in this application to be added to the Addiction Information Management System. I understand and agree to accept the treatment program as described by the Wanaki Centre.

Client Signature	**Date (D/M/Y)**
Referral Signature	**Date (D/M/Y)**

SECTION 4: MEDICAL EVALUATION

PHYSICIAN/NURSE INFORMATION			
Surname:	Name:		
Employment title:	Telephone:	Cellphone:	
Organization:	Email:		
Organisation address:(Add P.O box if required)	City:	Province:	Postal Code:
Client's surname:	Client's name:		

Does your client have any chronic medical conditions that we should know about during his/her treatment at the Wanaki?	☐ Yes ☐ No	If yes, please specify:
Is your client suffering from an unstable medical condition currently?	☐ Yes ☐ No	If yes, please specify:

Is your client taking any prescribed medication at this time? (If yes, please specify name, dosage, duration, and any special recommendations for use or attach pharmacy list)

Name of medication	Reason	Psychoactive effect

Does your client require any regular follow-up?	☐ Yes ☐ No	If yes, please explain:
Do you suggest any additional medical exam, tests, or investigations prior to the client's admission to the Wanaki?	☐ Yes ☐ No	If yes, please specify:
In your opinion, does your client require substance abuse detoxification prior to entering the Wanaki virtual program?	☐ Yes ☐ No	If yes, please explain:

I have examined _____ and find him/her fit to participate in the Wanaki Centre's virtual program.

Physician or Nurse's Verification Stamp

_____
Physician or Registered Nurse's Signature

_____
Date (D/M/Y)