



Admission Request

DRUMHELLER SOCIETY FOR RECOVERY (GRACE HOUSE) Box 1785, 175-3rd Street WEST, Drumheller, AB T0J 0Y0
Phone: (403)823-5437 Fax: (403)823-7468 email: counselor@grace-house.ca

The Grace House offers a 90-120 day inpatient residential treatment program for adult males overcoming their problems with alcohol or other drugs. We are a program of complete abstinence, emphasizing the Twelve Steps as an individual path to sobriety and recovery.

Date Received:	Admission Ranking Comments (Staff Use Only):
<input type="checkbox"/> Phone <input type="checkbox"/> Fax <input type="checkbox"/> In Person	

Part 1: Identification Information

Last Name:	First Name:	Middle Names:	
Address:			
City:	Province:	Postal Code:	Email:
Phone:	Alternate Phone:	Emergency Contact:	Contact Phone:
Date Of Birth:	Age:	Marital Status:	Dependants:
Where Were You Born:		Last Grade Completed In School:	
Do You Have A Valid Alberta Driver's License?		Are There Any Restrictions Or Infractions On It?	
Do You Have A SIN Card?		Do You Have An Alberta Provincial Health Card?	

Part 2: Referral & Treatment Information

Note: Applicant must have five full days of complete abstinence from drugs and alcohol prior to admission. No exception will be made to this criterion. All applicants are required to submit to a drug/alcohol test upon arrival and will be refused admission if they fail the test, refuse the test, or show signs of recent use. All applicants to the program should also note that there is a zero tolerance policy within our admission policy in regards to any clients who are on ANY mood altering medications. These medications include but are not limited too: Suboxone, Methadone, Lithium, Abilify etc.

Referral Source:	Agency Contact:	Phone:	Fax:
------------------	-----------------	--------	------

I do hereby authorize the Grace House and the Referring Agency to share any and all confidential information regarding this application and any information that pertains to my treatment history:

Signature:

In the following section please provide details of most recent residential treatment facilities for drug or alcohol abuse:

Institution/Agency:	Approximate Date:	Reason For Treatment:	If you failed to complete this program, provide reason:

How many residential treatment programs have you attended:

How many of these programs have you completed:

What drug or alcohol problem are you seeking to recover from?

How long have you had this problem for?

In the following section please indicate your recent history with drug or alcohol use:

Drug (alcohol, marijuana, cocaine, etc.) and how used (ingest, inject, smoke, snort, etc.)	How often used? (daily/weekly/mthly)	Amount Used	Date of last use mm/dd/yyyy

Part 3: Health & Medical Information

The Grace House is not a medical facility and may decline to admit men whose mental or physical concerns are beyond our capacity or scope as an organization that treats men and their issues with addictions. Any health concern that is not disclosed or documented may result in the resident being discharged or refused admission. Residents must be able to walk, feed, dress, bathe and care for themselves.

Are you on any medications? Yes No

If you are on medication, please indicate what medications and for how long. Include herbal remedies, over-the-counter medications, vitamins, laxatives and diet aids:

The Grace House incorporates daily work as part of our programming. Do you have any medical or other reason you cannot work on the Odd-Job Squad? Yes No

If yes, please explain:

Have you experienced or been diagnosed with any of the following? (please check all that apply):

- | | | |
|--|---|--|
| <input type="radio"/> Psychosis | <input type="radio"/> Schizophrenia | <input type="radio"/> Learning disabilities |
| <input type="radio"/> Depression | <input type="radio"/> Bipolar | <input type="radio"/> Fetal Alcohol Spectrum |
| <input type="radio"/> Suicide attempts/ideation | <input type="radio"/> Borderline Personality | <input type="radio"/> Other _____ |
| <input type="radio"/> Post-traumatic stress disorder | <input type="radio"/> Self-Harm (cutting/burning) | |
| <input type="radio"/> Anxiety/Panic attacks | <input type="radio"/> ADD/ADHD | |

Do you have any current health concerns such as listed below? (please check all that apply)

- | | | |
|---|--|--|
| <input type="radio"/> Trouble walking/climbing stairs | <input type="radio"/> Low blood sugar | <input type="radio"/> AIDS |
| <input type="radio"/> Hearing/sight problems | <input type="radio"/> Diabetes | <input type="radio"/> Sexually transmitted infection |
| <input type="radio"/> Arthritis/pain problems | <input type="radio"/> Heart problems | <input type="radio"/> Hepatitis |
| <input type="radio"/> Asthma/Allergies | <input type="radio"/> Tuberculosis | <input type="radio"/> Epilepsy/Seizures |
| <input type="radio"/> Breathing problems | <input type="radio"/> Kidney or liver problems | <input type="radio"/> Sleep apnea |
| <input type="radio"/> Staph infections | <input type="radio"/> Scabies/Mites/Lice | <input type="radio"/> Other _____ |
| <input type="radio"/> High blood pressure | <input type="radio"/> HIV | |

Part 4: Legal Information

Grace House does not accept residents who are on parole. If on probation, matters need to be transferred to local office or dealt with by telephone. If you have outstanding charges, these should be dealt with or deferred prior to admission. Time is not provided for attendance at court. Failure to disclose any legal issue could result in refusal of admission or discharge from Grace House.

Have you been charged with a criminal offense in the past? Yes No If yes, please indicate below:

Offense:	When? (mm/yyyy):	Disposition:

Part 5: Agreement & Disclosure

What is your current source of income? (please check all that apply)

Social Services Employment AISH Employment Insurance Pension Other _____

A room and board fee will apply. Financial arrangements to pay must be put in place in the first week of admission, if not before. Failure to pay or to make arrangements promptly will result in discharge.

I acknowledge that all information is true and correct to the best of my knowledge. Failure to disclose accurate and complete information may result in refusal of admission or discharge from Grace House.

Signature _____ Date _____

Part 6: Contact Information

Please provide contact information, where you can be reached if we have a bed available

Primary Contact	Phone Number:	Name In Full:
Alternate Contact	Phone Number:	Name In Full:

WAITING LIST: Once you are on the waiting list, YOU ARE REQUIRED TO CALL IN ONCE PER WEEK. If you do not call in, you will be removed from the list.

BED OFFERS: When a bed comes available, we will call the last contact number you have left. YOU WILL HAVE 24 HOURS TO REPLY. If you fail to respond, we will move on the next name, and you will be removed from the waiting list.

If you connect with the ANSWERING SERVICE when calling to check in, or to respond to a bed offer, please leave your name, number and the reason you are calling. THIS WILL ENSURE THAT YOUR RESPONSE IS RECORDED IN TIME.

For Staff Use Only

A - Application Review

Notes and comments:

Placed on waiting list: Yes No

Date On List:

B - Check In Record

Check In Date	Message (If Any)	Still Interested?	Updated Contact Info?
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Removed from waiting list: Yes No

Reason:

Date:

C - Bed Offer

Date & Time of Offer:

Called:

- Spoke in person
- Spoke to contact
- Left Message

Must Reply By:

Resident response:

Called In Time: Yes No

Bed offer: Accepted Declined

Comments:

D - Admission

Client Will Be Arriving:

Date:

Time:

Travel Mode:

Client Arrived? Yes No