



Wolastoqewiyik Healing Lodge

13309 Route 105, Tobique First Nation, NB E7H 5K1

Tel: (506) 273-5403 Fax: (506) 273-4286

RESIDENTIAL TREATMENT ADMISSION CRITERIA

The NNADAP Mental Health and Addictions programs require that clientele are:

- ✓ Of Native Ancestry
- ✓ 18 years of age or older, and,
- ✓ Indicate problems related to alcohol and drug abuse/misuse.

In recognition of the need for holistic healing, our regular NNADAP program has been redesigned to accommodate the present day challenges our clients experience on their journey to recovery. The intake process for admission includes the following from the potential client as well as from their referral person.

We require that both the referring counselor and the client sign in the space provided at the bottom of these criteria to indicate they have read and understand the admission requirements.

Thank you for your cooperation. Please call if you have any questions to our main line **506-273-5403** or our Intake Counselor **506-273-5467**.

1. The Admission and Medical Form must be completed in full, two weeks prior to the next Treatment Cycle.
2. A Medical Clearance Form **MUST** be completed and signed by the client's **Primary Care Provider** or **Prescribing Health Care Provider** (Physician or Nurse Practitioner). Even if the client is not on medications, the Medical Clearance Form must be signed by their Primary Care Provider.
3. All Prescription Medications **MUST BE BLISTER PACKED.** No multi-dose bottles or vials will be dispensed. Written Scripts are required when blister packs are not brought.
4. Any individual seeking admission to our residential program is required to attend a minimum of 3 counselling sessions through an out-client program with their community Addiction Counselor.



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5. It is preferred that all clients are alcohol and free of illicit drugs for 14 days prior to admission, or have completed a recognized detox program, prior to admission and are ready for treatment.
6. Clients with **prescribed medications must be stabilized** on the medication for at least **two weeks prior** to admission.
7. A DUSI or SASSI must be completed, scored and sent along with the application information.
8. Potential clients must reschedule all medical and/or other appointments, court appearances, and the like, for the duration of the Five-Week Treatment program.
9. We do not admit individuals who have been sentenced to house arrest or incarceration.

Signature of Client: _____

Signature of Referring Counselor: _____

Date: _____