AKOKA'TSSINI

MENTAL WELLNESS

INII HEALING HOUSE
APPLICATION FORM

Last Name: _____ **First Name:** _____

Middle Name: _____ **Pronouns:** _____

D.O.B: _____

P.H.C # _____

SIN# _____

Band: _____

Treaty # _____

Do you live On-reserve or Off-reserve? _____

Family Supports (**Contact information**):

_____

_____

_____

Support Person: _____

Contact number: _____

(***A support person is someone who will encourage you, and make you happy/joyous***)

Emergency Contact (full name phone number).

Emergency Contact person: _____

Phone number: _____

Community Agencies:

_____

_____

_____

Inii Healing House

AAKOM-KIYII HEALTH SERVICES
INII HEALING HOUSE
1880 15th Ave, BROCKET, AB T0K 0H0
PHONE: (403) 965-3919 • FAX: (403) 965-2153

Outstanding legal issues (criminal, traffic and/or family) please explain:

_____

_____

_____

Source of income:

SFI: _____ AISH: _____ EI:_____

Other: _____

Treatment Information:

Substance of Choice: _____

Length of use: _____

Secondary DOC: _____

Length of use: _____

How long have you been detoxing?

Date last used: _____

Substance used: _____

Describe your recovery history (Past treatment; detox, recovery time any treatments you attended)

_____

_____

_____

Longest recovery time you had: _____

What is your recovery plan? (are you on a waiting list for a treatment center? Do you need to look for one?)

_____

_____

_____

AAKOM-KIYII HEALTH SERVICES
INII HEALING HOUSE
1880 15th Ave, BROCKET, AB T0K 0H0
PHONE: (403) 965-3919 • FAX: (403) 965-2153

Housing history:

Have you experienced homelessness? Yes No

If yes, which shelter were you utilizing? Lethbridge, Brocket, Cardston, Pincher Creek, Calgary, Standoff or other: _____

Do you have your own place? Yes No

If not, who do you reside with?

_____

Have you experienced domestic abuse within the past year? Yes No

If yes, are you currently in this relationship? Yes No

Are you currently involved in a relationship? Yes No

Medical history:

Circle all that apply to you

Allergies Arthritis Diabetes Epilepsy Ulcer Stomach Problems Chest Condition

Major Injuries Major Surgeries Alcohol Seizures HIV TB Hepatitis Pregnant

other(explain):

_____

_____

Family Doctor: _____

Phone Number: _____ Clinic: _____

Have you ever tested positive for Covid 19? YES NO

Did you receive the COVID-19 vaccination? YES NO

If yes, how many vaccines? _____

Were you exposed to bed bugs and/or head lice? YES NO

AAKOM-KIYII HEALTH SERVICES
INII HEALING HOUSE
1880 15th Ave, BROCKET, AB T0K 0H0
PHONE: (403) 965-3919 • FAX: (403) 965-2153

Psychological history:

Circle all that apply

Depression Anxiety Paranoia Hallucinations Mood Swings Panic Attacks
Suicide Attempts Anger Triggers/Anger Outbursts Violent Tendencies

Have you completed a psychiatric assessment in the past? YES or NO

Have you ever been hospitalized at any time due to mental health concerns or psychiatric diagnoses? Bipolar Schizophrenia FASD ADHD Other

Do you have a psychiatrist or therapist? YES NO

If No would you like to be set up with one? YES NO

Medication:

Are you on any medication? YES or NO

What type of medication? (Any medication administered must be prescribed by a doctor)

_____
_____
_____

Is there a specific pharmacy you use? (if not, we can recommend OSA Remedy)

_____

(Please have them fill out the application for OSA Remedy – Pharmacy Patient agreement)

I hereby declare the information offered here is true and correct. I understand that any omissions or attempts to hide information may be grounds for immediate discharge (e.g. having a criminal record)

Applicant Signature: _____

Witness Signature: _____

Date: _____

AAKOM-KIYII HEALTH SERVICES
INII HEALING HOUSE
1880 15th Ave, BROCKET, AB T0K 0H0
PHONE: (403) 965-3919 • FAX: (403) 965-2153

Consent to Request and Release of Information

I _____ agree to release relevant information contained in the IHH application. I provide consent for IHH staff to request relevant information from third parties related to my treatment plan. I understand the persons, professionals, agencies or institutions named in the application may be contacted for additional information or documentation. This information will be used to determine if the IHH is a suitable program for me and will assist in the program planning if I am accepted.

1) _____

2) _____

3) _____

4) _____

Applicant signature: _____

Witness signature: _____

Date: _____

AAKOM-KIYII HEALTH SERVICES
INII HEALING HOUSE
1880 15th Ave, BROCKET, AB T0K 0H0
PHONE: (403) 965-3919 • FAX: (403) 965-2153

Guidelines

- No electronics permitted.
- Attendance is mandatory in all recovery programming.
- Adhere to the daily schedule.
- Respect for self, residents, staff, and property.
- Chores will be required, there will be a chore sign-up sheet. It is the resident's responsibility to keep their room area clean, as well as respect their roommate's area and belongings.
- Phone sign up sheet for specific days and times. You're allowed one contact support person for your contact list.
- All medication will be locked in the medicine cabinet. Medication must be prescribed by your physician. IHH follows the MAR protocols.
- Will NOT tolerate verbal, physical or mental abuse towards other residents or staff.
- The Program Leader and/or Manager can use their discretion for automatic discharge.
- Resident will connect with a Life Coach to assist with treatment planning, this is mandatory.
- Possession, or use of alcohol or drugs while in the program is NOT acceptable and will result in immediate discharge.
- Smoking is allowed in designated areas. Cigarettes are NOT provided. Allotted smoke breaks.
- No visitors in each other's rooms, roommates only.
- Random room searches will be completed.
- Zero tolerance for intimate relationships between residents, this includes inappropriate relationships between residents and staff.
- IHH staff abide by strict confidentiality of oath, there is zero tolerance for any information being shared with the public, doing so will result in immediate termination of employment. Residents are not permitted to share any information on who is residing at IHH, doing so could lead to discharge.
- **Phone privileges**: Monday, Wednesday & Friday 6:00 pm-10:00 pm; Sunday 1:00 pm-10:00 pm.
- **Appointments**: Monday, Wednesday & Friday 8:00 am- 12:00 pm.

Applicant signature: _____

Witness signature: _____

Date: _____

Revised: October 28, 2024