



INII HEALING HOUSE APPLICATION

This form must be fully completed and emailed to IHH@AKhealthservices.ca for approval. Once received, the application will be reviewed, and confirmation will be sent within 3 business days.

Last Name: _____ First Name: _____

Middle Name: _____ Pronouns: _____

D.O.B: _____

P.H.C # (required for treatment) _____

SIN# _____

Band: _____

Treaty # _____

Phone Number: _____

Can Inii Healing House leave a message at this number? _____

Address:

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





AAKOM-KIYII HEALTH SERVICES

INI HEALING HOUSE

1880 15th Ave, BROCKET, AB T0K 0H0

PHONE: (403) 965-3919 • FAX: (403) 965-2153



Are you currently involved in a relationship?

Yes

No

Please note that IHH does not currently accept individuals who are in a romantic relationship with one another

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

Recovery Support Contact information:

Support Person: _____

Contact number: _____

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:

Number of Children (under 18 years old) and ages:

Where do your children live and with who?

Are Child and Family Services involved with your family? _____

CFS Worker Name and Phone Number: _____



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Legal: Disclosure of ALL legal history and ALL past/pending charges is a requirement to attend treatment at Inii Healing House:

a: Do you have CURRENT criminal charges? If yes, please list below in detail:

b: Do you have PAST criminal charges? If yes, please list below in detail:

c: Do you have any upcoming court dates? If yes, please list below. Probation Order/Release papers/conditions MUST be provided to Inii Healing House prior to treatment approval.

Probation/Parole Officer Name and Phone Number: _____

Source of income – Please check all that apply:

- Employment
- Alberta Works, please list Alberta Works File # _____
- AISH
- Employment Insurance
- On-Reserve Income Assistance
- Other assistance or source of income _____
- No Income

Treatment Information:

Substance of Choice: _____



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Length of use: _____

Secondary DOC: _____

Length of use: _____

How long have you been detoxed?

Date last used: _____

Substance used: _____

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

Longest recovery time you had in the past: _____

Medical history:

Circle all that apply to you

Allergies

Major Injuries

High Cholesterol

Arthritis

Major Surgeries

High Blood Pressure

Diabetes

Alcohol Seizures

Epilepsy

HIV

Ulcer

TB

Stomach Problems

Hepatitis

Chest Condition

Pregnant

other(explain):

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

Family Doctor: _____

Phone Number: _____ Clinic: _____

Psychological history:



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While attending Inii Healing House, applicants must agree to use the Piikani Pharmacy for any medication refills, changes, or additions. At Inii Healing House, we have a working relationship with Piikani Pharmacy and require residents to utilize Piikani Pharmacy while staying at Inii to ensure quality care and communication between pharmacists, residents, and staff.

I, _____, of my own free will, without duress or undue
 (Applicant's Name-PRINT)
 influences hereby give permission to Inii Healing House to release/receive relevant, confidential information written or oral to – from **Piikani Pharmacy** for the purpose of my application to attend treatment. This authorization shall legally remain in effect until cancelled by myself in writing or after a period of one year from the date this form is signed. _____

Applicant Date of Birth	Alberta Health Care #
Treaty #	Prescription Coverage
Applicant Signature	Current Pharmacy Name and
Date	Phone Number

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: _____



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What Is Inii Healing House?

Inii Healing House is a 90-day on-reserve treatment center that provides a structured, intensive healing experience for individuals struggling with substance use, mental health issues, or trauma. IHH allows up to 10 participants to receive support within their own community, often integrating culturally relevant and land-based healing practices. Life coaches, Programming coordinators, Patient Navigators, Addiction Counsellors/Psychologist and cultural support workers, support with daily group psychoeducational and cultural programming to complement each individual's therapeutic goals for long term recovery.

The Inii Healing House is a credited addiction treatment program with the expectation that residents are detoxed from alcohol and methamphetamine for a minimum of five days, and opiates for a minimum of eight days. Residents must be coming to Inii Healing House from detox, hospital or custody, and must follow a door-to-door process. Drug testing may occur upon arrival.

All residents of the program are expected to be motivated toward recovery and committed to attending the entirety of the treatment program. If residents are on methadone or suboxone, they must be on a stable dose that allows them to participate in programming and alert for sessions. By participating in programming, residents will learn positive life skills and demonstrate them as such. Residents are expected to engage in programming sessions around addiction, culture, trauma, recovery etc. This will be done through group and individual work.

Residents are expected to turn in all money, valuables, and cigarettes or vaping products at intake. All valuables and money are to be labelled and kept in a locked cabinet. All residents must review and sign a residential agreement that outlines the guidelines and expectations of the house and program. Residents are also expected to participate in chores and other duties as required.

Services offered Onsite:

- Intake process
- Assessment and preparation for program commencement
- Administration of program participation
- Connected with an IHH Case Manager.
- Access to addictions and grief counsellors
- Access to mental health therapists
- Access to speech pathologist
- VODP referral
- Recovery coaches and Peer Support (people with lived experience)
- Elder support upon request
- Meaningful daily activities
- Access to traditional ways of healing
- Access to support groups



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Guidelines

- Residents must review and sign a residential agreement.
- Residents must be sober for at least 7 days before entering the program and may be drug tested upon arrival.
- Electronics and lottery tickets are NOT permitted.
- All luggage, purses, clothing, and people will be searched upon admission.
- You may bring only 1 piece of luggage and 1 backpack, as Inii has limited space.
- Attendance is mandatory in all recovery programming.
- Adhere to the daily schedule.
- Respect for self, residents, staff, and property.
- Lockers and locks are available for safekeeping items.
- Laundry facilities are available at no charge for machine use. **Do not bring detergent from home.** Detergent is provided.
- Chores will be required; there will be a chore sign-up sheet. It is the resident's responsibility to keep their room area clean and respect their roommate's area and belongings.
- Phone signup sheet for specific days and times. You allowed two contact support people for your contact list.
- Staff will not take phone messages for you and for your confidentiality we will neither confirm nor deny if you are in Inii.
- All medication will be locked in the medication room. Medication must be prescribed by your physician. IHH follows the AHS Medication Assistance Protocols. Any medication found in the resident's room or on person will result in immediate discharge.
- 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.
- 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 during scheduled smoke breaks. Cigarettes are NOT provided. Residents have the choice to consume either cigarettes OR vaping. Consuming both products is not permitted.
- No visitors are allowed in each other's rooms; they are 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 under 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 information on who resides at IHH; doing so could lead to discharge.
- Phone privileges: NOT during sessions. A phone will be available to residents on Monday and Wednesday evenings. Residents may make one phone call per day for a maximum of 15 mins.



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- Sunday afternoons will be open for family visits between 2pm-5pm and scheduled through the residents' case manager.
- Appointments will be minimal while attending IHH so program attendance can be honored. Appointments will be managed and attended by the residents' Case Manager and resident if the situation arises.
- What not to bring:
 - Cell phones, electronic devices such as laptops, tablets, stereos, gaming equipment, smart watches etc.
 - Cannabis products
 - Protein powders/collagen powders, weight-altering substances or meal supplements etc.
 - Clothing suggestive of violence, drugs, alcohol, sexually suggestive or revealing, or gambling.
 - Products containing alcohol or scents, including perfume or cologne, mouthwash, nail polish or polish remover, hand sanitizer, or aerosol hairspray.
 - Weapons (including pocketknives), compact mirrors, valuables or scissors.

Applicant signature: _____

Witness signature: _____

Date: _____