



# Intake Checklist & Information

[www.kackaamin.org](http://www.kackaamin.org)

T. 250.723.7789

F. 250.723.5926

E. [jenni.c@kackaamin.org](mailto:jenni.c@kackaamin.org)



School District 70 (Alberni)

*Please Complete This Package with Applicants and Provide a Copy of Completed Form to Clients as Well.*

## **Intake Checklist & Information**

### **Section 1 of 4: Intake Procedure**

- Please ensure that all Assessment / Referral Applications, medicals, TB Tests for all adult family members are completed before sending the package to Kackaamin. ***Intake priority is based on the date that we receive a completed package.***
- Please fax, email or mail the original Application Package to the intake coordinator.
- Once the complete application for treatment is received and the clients meet the admission criteria, the Intake Coordinator will contact the referral worker / counsellor by email/ phone to verify client's intake package has been received.
- An intake date will be confirmed once an appropriate opening becomes available.
- Confirmation packages will only be distributed once the full pre-admission process is complete- this includes a pre-admission interview with our clinical intake committee to determine if applicant is an appropriate fit for our program based on pre-admission and program criteria.
- I understand the importance of informing Kackaamin (in writing) of any pertinent information not included in the original application and assessment (i.e. most recent medical concerns, legal issues, MCFD situations and children in care etc.)

### **Admission Criteria**

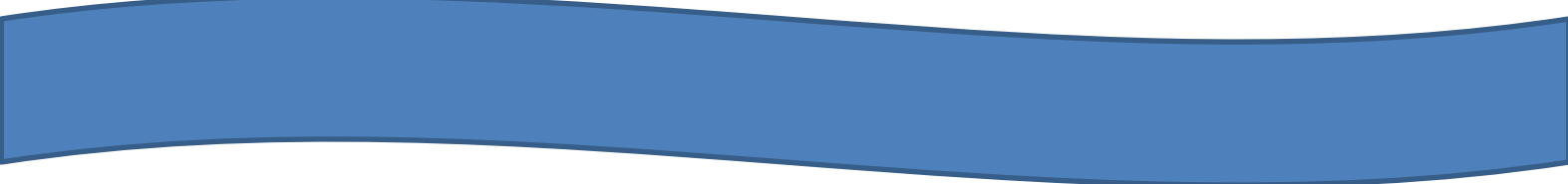
- All clients must have a **minimum** 3 weeks of abstinence from any previously misused substance and a strong desire to remain clean and sober. A drug test will be done when the client arrives for treatment.
- Applicants struggling with chronic/ daily addiction may be referred to detox and individual treatment before acceptance into our program.

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*Adult Client Initial*

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*Referral worker Initial*



As preparation for treatment, Adult Clients are required to attend a minimum of six - 1 hour pre-treatment counselling or other support sessions and Youth 12+ should have a minimum of three – 1 hour counselling or other support sessions.

In order to qualify for treatment, Adult family members (one or both) must have had a problem with alcohol or drugs, or other sources of addiction. Extended family members are encouraged to attend treatment.

Family must be free from any obligations that will require an absence from KFDC (i.e. court appearances, Medical/ Dental appointments and treatments, MCFD or DAA appointments, Big House ceremony attendance etc.

All clients are to have an after-care plan in place before arriving for treatment.

The referral worker/counsellor should maintain regular pre/post-treatment contact with clients.

Client Family must be physically and mentally able to participate in our rigorous counselling, workshop and group schedule.

KFDC does not accept clients with a history of sexual assault as we do not provide treatment for sexual offenders.

KFDC is not obligated to accept a person who has been court ordered to attend our program.

The client family is responsible for their return travel if they leave or are discharged from treatment early.

Families must arrive on Intake Day between 12pm-4pm.

**Assessment and Referral Applications completed and submitted for:**

Adults (18 years and older)

Youth (10 to 17 years)

Toddler (5 to 9 years)

Infant (Newborn to 4 years)

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*Referral worker Initial*

### Pre-Admission Medical Criteria

- Client must not require detox.
- The pre-admission medical info is completed and signed by the attending Physician /RN/ NP/ CHN prior to Admission.
- All adult clients must have a completed TB test or Chest X-ray prior to admission. Results of this exam must be sent to Kackaamin prior to admission.
- Clients cannot require constant or excessive medical care. Kackaamin does not have any medical staff onsite.
- We do not accept clients on any type of Opiate Replacement Therapy at this time.
- We do not accept clients who are in any stage of pregnancy for safety and cultural reasons.
- All communicable diseases are under control, managed or in remission.
- Clients must have a valid Personal Health Care Number and Status Number.

### Immunization records completed and submitted for:

- Adults (18 years and older)- **Including COVID-19 vaccinations where applicable.**
- Youth (10 to 17 years) Immunization records only. *Unless otherwise expressed by the Intake Worker*
- Children (Newborn to 9 years) Immunization records only.

*(Children and youth that are at risk of having a communicable disease or have been in care require a complete medical examination)*

### Legal Documentation: (If Applicable)

- KFDC must have written approval from the parent(s) or guardian(s) of child(ren) that do not permanently reside with the family or parents that they are attending Kackaamin with.
- Any applicable Court orders regarding children and youth (*Supervision orders and other documentation from all Ministries must be attached.re: visitation, early discharge etc.*)
- Most up-to-date family plan from MCFD/ DAA where applicable.

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A current copy of any Probation or parole orders for any clients attending treatment (*Youth or adult*)

We confirm that the clients do not have any scheduled court appearances or other appointments during the six week session.

## **Section 2 of 4 – (to be reviewed by all clients 12+ with their parent and referral worker)**

**These items are removed during the admission bag check and will be kept in KFDC for safekeeping:**

- Electronics of any kind. Cell phones, electronic games, laptops, handheld computers, tablets, iPod etc.
- Including chargers
- All medications will be removed and logged into the medication log and kept in the Med Room for safe keeping and distribution. Children's medications will be returned to the parent once they have been logged.
- Over the counter and all naturopathic products will be removed, stored and distributed where appropriate by our medication administration committee/ team.
- Any product with alcohol, ie: mouthwash
- Weapons of any kind, real or imagined.
  - ie: Toy guns, swords, bow and arrows, slingshots, knives
- Sunflower seeds in the shells are not permitted, but the seed only sunflower is allowed.
- We ask that everyone refrains from gum as we find it all over the property.
- We will remove pop and energy drinks, and these will be stored until the end of the session.

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- Nail polish and nail polish remover ○ client that are 14+ only and it must be kept out of reach and it must be acetone free remover
- Markers, felts, paint, permanent glue, glitter, stickers ○ Not including crayons or children's washable markers
- Laundry soap, fabric softener, dryer sheets- PLEASE DO NOT BRING- WE ONLY USE THE DETERGENT AND SHEETS IN OUR MACHINE'S THAT WE PROVIDE.
- Baseball bats, skateboards, bicycles, skipping ropes
- Candles
- Music with a parental advisory. (*Foul or disrespectful language or messages*)

**Please be advised that random as well as scheduled drug testing may occur.**

**Personal belonging and unit checks will occur throughout the session.**

### **Health and Safety**

Each of my client(s) are aware and will be respectful and accountable for their actions and behaviors while at Kackaamin including the following:

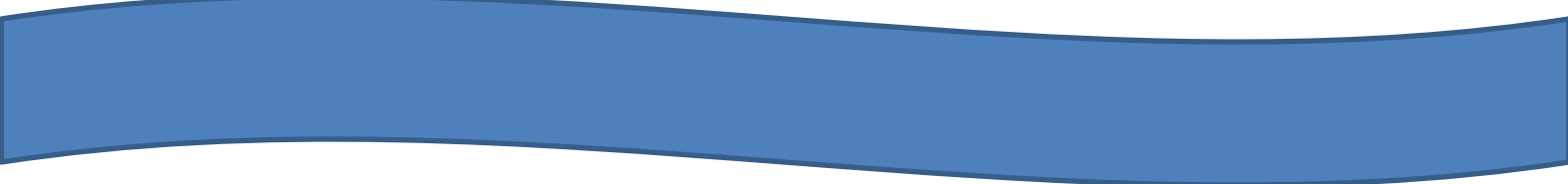
- We have a zero tolerance to violence. Violence includes physical, verbal and emotional abuse.
- We ask that all KFDC property be respected and that any destructive mischief or theft is not tolerated.
- Violence of any kind is abuse and is a reportable offence and may result in early discharge.
- Violence of any kind; destruction or damage to KFDC property may result in early discharge.

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An Emergency Response Plan is in effect at KFDC and clients are assigned duties for this protocol. Further explanation will occur at the Client Safety Orientation.

### **Medication Management at KFDC**

All medications are required to be turned in, logged and distributed under the supervision of a KFDC team member.

Meds are dispensed according to Physician orders and KFDC policy on Medication Management. Children's meds are returned to parents once they are logged.

### **Telephone Calls**

In the first two weeks of the program there are no calls permitted. After two weeks clients can make calls after the daily session ends at 4:00 pm on our supplied landlines.

*Cell phone use will not be permitted. Please ensure all contact numbers that are needed are written down prior to intake, and that all online banking needs are taken care of or can be accessed on a desk computer with the assistance of a staff member (bill payment etc.)*

### **Visitors**

Visitation of any kind is not permitted during programming at KFDC

### **Schedule**

Upon arrival, the clients are informed of the daily schedule and guidelines during the Client Safety Orientation.

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*Adult Client Initial*

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*Referral worker Initial*

## Section 3 of 4 – (to be reviewed by the referral worker and adult clients)

### Funding

- Eligible Clients are Status Indigenous persons and Recognized Metis and Inuit.
- Non-status Indigenous and Métis clients, and non-Indigenous clients must seek out user fee/per diem funding from different sources such as Income Assistance; MCFD/ DAA, Jordan's Principle etc. Confirmation of user fee funding must be in place prior to confirmation at KFDC. Referral workers and other supports to applicants and applicants themselves are responsible for seeking out funding for per diem costs to attend KFDC. Per Diem costs are \$40/ person per day.
- Travel arrangements made to and from Kackaamin must be provided by the Referral Agency, band or other source. Travel moneys are usually supplied by the subsidy funding source and travel arrangements are to be coordinated with the Referring Agency. Kackaamin Family Development Centre does not pay for client travel. If a family leaves before the session ends or if they are discharged, arrangements must be made by the referring agency.
- The referral worker must apply for all Nuu-chah-nulth Tribal members' funding through the NTC Office. *(Please note that funding must be secured before an Intake Date will be confirmed).*
- For further information please contact our Intake Department.

### Funding for Groceries and Travel Arrangements:

- Kackaamin does not provide meals for its clients. Therefore, families are required to cook their own meals in their units.
- Living and grocery allowances have been confirmed with KFDC, and where appropriate if being funded from an outside agency grocery funding to be sent directly by cheque to KFDC. KFDC distributes grocery money weekly to clients when coming from an outside funder for

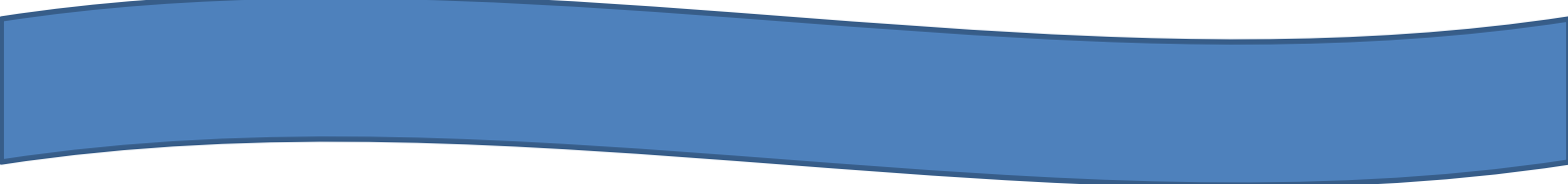
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weekly shopping trips. (*Clients are responsible for shopping for bringing in their first week of groceries on intake day*).

Before an Intake date will be confirmed, Kackaamin Family Development Centre requires signed documentation to verify that the client has been provided with sufficient funds for purchasing groceries during their six-week treatment session. Kackaamin ***does not*** provide grocery money for families.

FNHA or Health Canada - Medical Services Branch is not responsible for providing grocery money for clients.

KFDC recommends the following amounts for groceries and personal items:

- \$ 150 - \$ 175 a week for a 1-2 parent family with 1 child.
- \$ 175 - \$ 200 a week for a 1-2 parent family with 2 children.
- \$ 200 - \$ 250 a week for a 1-2 parent family with 3 children.
- \$ 250 - \$ 300 a week for a 1-2 parent family with 4 or more children.

Extra funding should be given for babies and toddlers; for diapers and/or formula

The Intake Workers will do follow up prior to intake date.

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*Adult Client Initial*

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*Referral worker Initial*

## Section 4 of 4 - (to be used by all adult clients)

Please bring the following items to Kackaamin Family Development Centre:

### Identification Required

- Status Card
- Medical Cards
- Bank Card
- Picture ID

### Personal items

- Hand Soap
- Shampoo
- Toothbrush and Toothpaste
- Feminine Hygiene Products
- Baby Diapers, Formula, Bottles, etc...
- First Aid Supplies (*e.g. Band-Aids, ointments*)
- Your personal medication (*to be checked in with Kackaamin staff upon arrival*)

### Hobbies and Interests

- Drum / Craving tools
- Swim Suits / Novels
- Beading Material
- Arts and Crafts Supplies / Board Games

Extras

- Rain Gear and Warm Jacket
- Swim Suits
- Inside Running shoes and sneakers for the gym
- Alarm Clock / Clock Radio

### Towels

- Dish and Tea Towels
- Facecloths, Hand and Bath Towels

### Cleaning Supplies

- Tissue
- Dish Soap
- All Purpose Cleaner
- Garbage Bags
- Disinfecting wipes (Lysol etc)

### Kitchen Supplies /Food/Staples

- Spices, Flour and Sugar
- Coffee and Tea
- Salt and Pepper
- Staple goods (*e.g. milk, cereal, bread, etc.*)

- Slippers
- Flash light
- Journaling Paper, envelopes and stamps

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*Adult Client Initial*

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*Referral worker Initial*

If you are travelling to Kackaamin in your personal vehicle: Please be advised that your keys will be left with reception upon admission to the program. You will not be permitted to use your vehicle for the duration of the program.

**Please remember that KFDC will be your home for 6 weeks. You will be more comfortable here if you bring many of the everyday items that you use in your own home. (Other than the prohibited items)**

### **Everyday Items that KFDC supplies**

- Tea Kettle
- Cook ware
- Baking pans and utensils
- Coffee pot
- Dishes (*plates, bowls and cups /glasses*) and cutlery)
- Bed linen and pillow
- Laundry soap and dryer sheets (*scent free*)

**Please ensure that you have attended to the following appointments before coming to Kackaamin.**

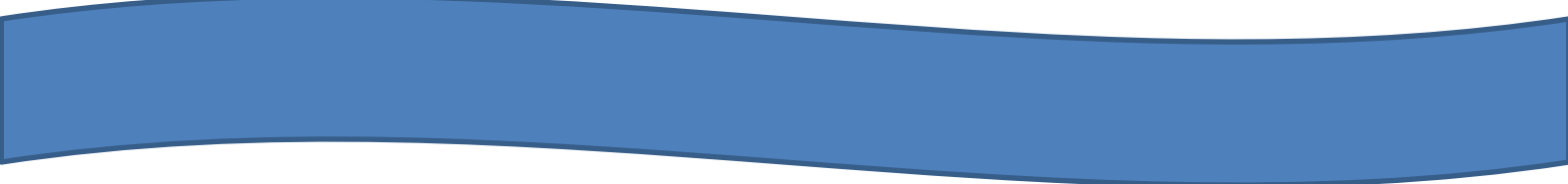
- Doctor Appointments  Orthodontic Appointments
- Ultrasound and X-ray Appointments  Optometrist (eye) Appointments
- Dentist Appointments  Chiropractic Treatment
- Banking

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*Adult Client Initial*

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*Referral worker Initial*



**If you are in agreement with the entirety of this intake checklist packages, please ensure you have read and initialed each page with a referral worker and sign below. Please ensure this package is submitted with your intake package, or your package will be considered incomplete.**

\_\_\_\_\_  
*Adult Client Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Referral Worker Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Adult Client Initial*

\_\_\_\_\_  
*Referral worker Initial*