

TSOW-TUN LE LUM SOCIETY

Helping House

PO Box 308 Stn Main,

2850 Miller Rd, Duncan BC V9L 3X5

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Email: info@tsowtunlelum.org Website: www.tsowtunlelum.org



KWUNATSUSTUL – Trauma Program

“HOLDING HANDS, STANDING TOGETHER”

Live-in Second Stage Trauma Treatment Programs:

Name	Program Length	Sobriety Time Required
<i>Kwunatsustul (trauma) Program</i>	<i>5 weeks</i>	<i>6 months</i>
<i>Elders & Colleagues Program</i>	<i>2 weeks</i>	<i>6 months</i>
<i>Honouring Grief</i>	<i>2 or 3 weeks</i>	<i>1 month</i>

These programs are offered to address unresolved trauma. Our balanced therapeutic programs can assist those who have experienced sexual abuse, unresolved grief, abandonment, survivors of residential school, intergenerational survivors, etc.

The majority of programming is done within a group setting. Cultural Ceremonies support the healing and discovery of ways to move beyond the trauma of the past.



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SECTION ONE

REFERRAL PROCESS

*As the referral person, you are responsible to follow these procedures:

- Prior to completing this application, thoroughly read and ensure your client meets all of the Admission Criteria (see page 4).**
- Please complete this application package with the applicant. Thoroughly read this Intake Package and complete ALL questions.
- Tsow-Tun Le Lum requires CONSENT from the applicant to allow our staff to speak to others who need to know their application status or intake date. For this reason, the consent areas of this application must be completed in full, signed, and dated.
 - Consent for Release of Discharge Summary – pg 16
 - Consent for Treatment – pg 17
 - Consent for Release of Information – pg 18
- Medical personnel must complete the ‘Pre-Admission Medical Evaluation’ pages *and* provide a TB test result or a TB Screener.
- If the applicant is on probation, please attach a copy of their probation order.
- Email or Fax completed Application Pkg (*include the Pre-Admission Medical Evaluation, and TB information*) to TTLL.

Email (*preferred method*): info@tsowtunlelum.org

Fax: 250-390-3119

Upon receipt of the application:

- TTLL intake worker screens applications on a first-come-first-served basis.
- The referral worker is notified via email of any additional information needed to complete the application. *Please note: Intake will only contact referral workers regarding the status of an application. We ask that you update your clients with the information you receive from us. TTLL intake will only contact applicants (if needed) just prior to their intake date.*
- Once the screening process is complete the referral worker is notified by email with a potential admission date. Referral worker must notify their client of this date and confirm:
 - your client has completed all medical/dental/other appointments prior to their program dates.
 - your client has reading glasses if required / hearing aids and batteries if required.
 - your client has all their medication blister-packed prior to their arrival.
- Travel to and from Tsow-Tun Le Lum are the responsibility of the Referral Worker and the applicant.
 - TTLL does not pick up individuals from the airport or ferry
 - Please ensure they have taxi vouchers as part of their travel arrangements.



ADMISSION CRITERIA

To be admitted to Tsow-Tun Le Lum programs the applicant must meet the following criteria for admission:

1. Be 19 years of age, or older;
2. Be mentally capable and physically able to participate in all aspects of the program;
3. When applying for any Tsow-Tun Le Lum program, please do not submit the application until the applicant has the required sobriety for the specific program they want to attend. This sobriety requirement includes **abstinence from alcohol, illegal or mind-altering drugs, methadone, suboxone, medicinal or recreational marijuana, and all cannabis products containing THC or CBD.** (If you are unsure, contact one of our intake workers)

NOTE: 5 week trauma programs require **6 months sobriety**
Shorter programs require **1 month sobriety**

4. Have no outside appointments to attend during the program such as: social worker, doctor, physiotherapist, dentist, chiropractor, childcare. Please be aware that if the applicant has outside appointments scheduled during the program, they may be ineligible to continue treatment;
5. Not have any legal issues before the courts. Resolution and sentencing must be complete prior to referral;
6. If charged with a sexual offence, the applicant must produce verification that they have successfully completed a sex offender treatment program; and further documentation may be required by Tsow-Tun Le Lum before the decision is made to accept the applicant for our programs;
7. If the applicant has been charged with a violent offence, further documentation and information may be required by Tsow-Tun Le Lum before the decision is made to accept the applicant for our programs;
8. Have a qualified medical professional complete and sign the pre-admission medical forms (including a TB screening result from within the last year);
9. Be in stable health;
10. Have a valid medical care card.

We strongly recommended that –

11. The applicant participates in 4-6 sessions with counsellor, therapist, psychologist, psychiatrist or referral worker prior to treatment, plus follow-up sessions;
12. The applicant has community-based support group experience - this helps to make best use of the group experiences in the trauma program;
13. In order for participants to get the most out of their time at Tsow-Tun Le Lum, we encourage their participation in the cultural and traditional ceremonies and practices that are incorporated within our programs.



INFORMATION for APPLICANTS

MEDICAL

- All medications MUST be blister-packed and labelled by a pharmacist. If you arrive with medication not blister-packed; there may be a fee to have this completed.
- Prior to your intake date, have your physician FAX your prescriptions to:
Duncan Pharmacy Remedy'sRX [fax #: 250-597-4191]
- Please request enough medication for the duration of your program.
- Are you physically well enough to attend a 5-week program (8 hours a day, or longer)?

TRAVEL CHECKLIST

- All personal banking, bill payments, childcare, rent are taken care of
- Bring your valid medical care card (and status card if applicable)
- Proper photo identification (requirement for flights and buses)
- Spending money, or comfort monies arranged, change for pop machine
- Travel arrangements including return fare (taxi, hotel, etc.)
- Blister packed medications
- Epi-pen if needed
- Slippers
- For Sweat Ceremony
 - Men – large towel, sweat shorts, and t-shirt
 - Women – large towel, (flannelette gowns are provided by TLL)
- Swimsuit & towel (for swim nights or spiritual pond)
- Bath towels, hand towel, and facecloth
- Scent-Free Toiletries (shampoo, toothpaste, soap, razors, feminine needs, etc.)
- Writing paper, envelopes, stamps
- Arts and crafts projects if desired
- Musical instruments are allowed
- Smokers – bring enough cigarettes for duration of program
- No outside appointments scheduled or required
- Reading glasses
- Hearing aids and extra batteries

IMPORTANT NOTE:

We are a
SCENT-FREE
building.

**Please do not bring
scented products to
Tsow-Tun Le Lum.**

These include:
shampoo, conditioner,
other hair products,
bodywash, soap,
perfume, cologne,
shaving lotion, body
sprays, deodorant,
lotions, powders, etc.

*Scented products can
cause severe allergy
reactions. Please respect
the need for Fragrance-
Free products.*

When you arrive at Tsow-Tun Le Lum:

- You can call home to let your family know you have arrived safely.
- Your referral worker will be notified if you have NOT arrived safely.

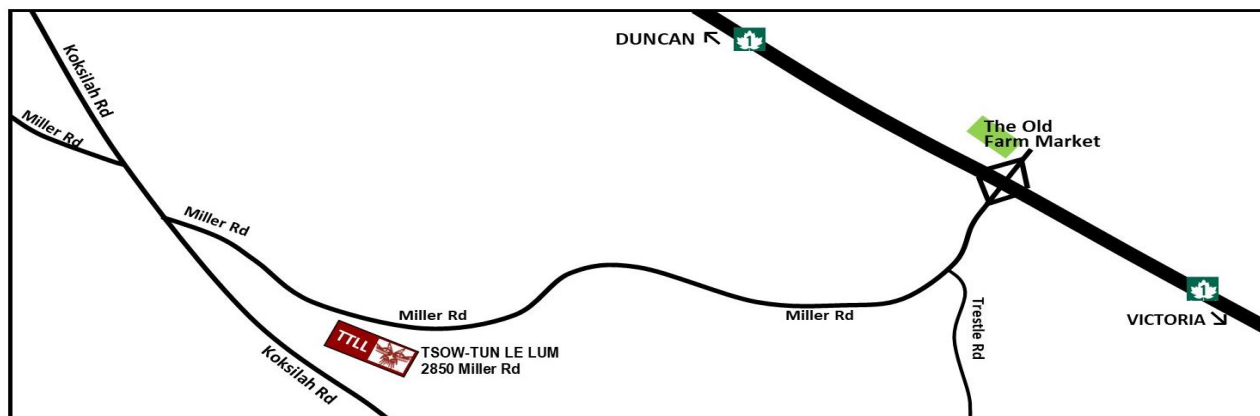


LOCATION

Tsow-Tun Le Lum is located on Miller Road in Cowichan Tribes traditional territory. This is via Highway 1 south of the City of Duncan, 40km south from the Nanaimo Airport, and north of the City of Victoria.

Travelling **SOUTH** on Highway 1 – from Nanaimo:

- Continue south through Duncan
- Turn right onto Miller Rd (Across highway from The Old Farm Market)
- Tsow-Tun Le Lum is on the left at 2850 Miller Rd: large building with dark green roof.



Travelling **NORTH** on Highway 1 – from Victoria:

- Continue north and turn left at Miller Rd
- Follow Miller Rd to Tsow-Tun Le Lum (approximately 0.7 km)
- Tsow-Tun Le Lum is on the left at 2850 Miller Rd: large building with dark green roof.

TRANSPORTATION

Please be advised that:

- you are responsible for your own transportation to and from Tsow-Tun Le Lum.
- Tsow-Tun Le Lum will **not** cover transportation costs.

Transportation Services (the following company accepts taxi vouchers)

AC Taxi	<u>Base Rate to/from TTLL</u>	
(250) 753-1231	Nanaimo Airport	\$ 88.60
	Duke Point Ferry	\$ 122.30
	Departure Bay Ferry	\$ 124.65

SECTION TWO

PRE-ADMISSION MEDICAL EVALUATION

NOTES to PHYSICIAN

Tsow-Tun Le Lum has no medical personnel on site.

- 1) The patient must not require any acute medical care at the time of admission.
- 2) All communicable diseases should be in remission and properly medicated.
- 3) The patient must be able to participate in a live-in program of intense group and one-to-one counselling activities.
- 4) Tsow-Tun Le Lum's medication protocol requires all prescriptions be blister packed prior to and during treatment. Please ensure the patient has prescribed medication for the duration of their program – up to five (5) weeks of prescriptions in blister packs.
- 5) If the patient is on **opioid** or **narcotic** prescriptions, please ensure to **FAX** five (5) weeks of their prescription to the Pharmacy below; and **MAIL** the original duplicate or triplicate prescription to the Pharmacy. *If you do not mail the original, the patient will not receive refills of narcotic or opioid prescriptions while in treatment.*
- 6) Prescriptions can be faxed / mailed to:

Duncan Pharmacy Remedy'sRx
921e Canada Ave, Duncan BC V9L 1V2
Ph: 250-597-4100 Fax: 250-597-4191
- 7) Pregnant patients/ applicants will be accepted prior to the 3rd trimester.
- 8) Please return this medical evaluation to the patient to be included with their application.



PRE-ADMISSION MEDICAL EVALUATION

Patient Name:	Date of Birth:
Medical Number:	Status Number:

Physician Name:	
Full Address or Office Stamp:	
Physician Signature:	Date:

INFORMED CONSENT: Must be completed with the Patient

I, (patient name) _____,
give permission to (Physician name) _____,
and to (Pharmacist name) _____,
to release my medical information to Tsow-Tun Le Lum Helping House
and to my Referring Counsellor (Name)_____.

I also consent to have Tsow-Tun Le Lum's staff and consulting Medical Professional(s),
inquire or consult with my physician on my medical needs while I am in treatment.

Patient Signature:	Date:
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Patient Assessment	
Date of last alcohol / drug use (including medicinal/recreational marijuana or use of any products containing THC or CBD)	(dd/mm/yyyy)
Is patient compliant with their treatment plan / prescribed medications? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Have you reviewed the prescribed medications for this patient? <input type="checkbox"/> YES <input type="checkbox"/> NO	Date of prescribed medication review:
Allergies to MEDICATIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO Please Specify:	
Other Allergies? <input type="checkbox"/> YES <input type="checkbox"/> NO Please Specify:	
Does the patient require an Epi-Pen or Ana kit ? <input type="checkbox"/> YES <input type="checkbox"/> NO	<i>If the answer is yes, please ensure that the patient is prescribed an Epi-Pen/Ana kit.</i>
Current Medical Diagnosis	
Diabetes <input type="checkbox"/> YES <input type="checkbox"/> NO Stable & under control? <input type="checkbox"/> YES <input type="checkbox"/> NO Please explain details:	
History of seizures <input type="checkbox"/> YES <input type="checkbox"/> NO Please explain details:	
Heart Condition <input type="checkbox"/> YES <input type="checkbox"/> NO Please explain details:	
Other (Please specify)	
General Health of the Patient	
Please check (✓) any conditions that apply:	Details / Comments:
Arthritis	<input type="checkbox"/>
Asthma / Respiratory	<input type="checkbox"/>
Auto-Immune Condition (Specify type)	<input type="checkbox"/>
Hepatitis A	<input type="checkbox"/>
Hepatitis B	<input type="checkbox"/>
Hepatitis C	<input type="checkbox"/>
HIV/AIDS	<input type="checkbox"/>
Pregnancy	<input type="checkbox"/> Trimester:



Psychiatric Record		Please check (✓) any conditions that apply	
Does the patient have a psychiatric history?	<input type="checkbox"/>	<input type="checkbox"/> Past	<input type="checkbox"/> Present
Psychiatric Family History? (parents / grandparents / siblings)	<input type="checkbox"/>		
Suicide attempts during previous 2 years?	<input type="checkbox"/>	Dates:	
Was patient hospitalized due to suicide attempts?	<input type="checkbox"/>	Dates:	
Was patient hospitalized due to mental illness?	<input type="checkbox"/>	Dates:	
Diagnosed Mental Health Illness? <input type="checkbox"/> Specify			
Anxiety Disorder	<input type="checkbox"/>	Clinical Depression	<input type="checkbox"/>
Bi-polar Disorder	<input type="checkbox"/>	Post-traumatic Stress Disorder	<input type="checkbox"/>
Sleep Disorder	<input type="checkbox"/>	Schizophrenia	<input type="checkbox"/>
Eating Disorder	Anorexia <input type="checkbox"/>	Bulimia <input type="checkbox"/>	Dissociative Identity Disorder <input type="checkbox"/>
Other (specify) <input type="checkbox"/>			Self Harming Behaviour <input type="checkbox"/>
LIST OF CURRENT MEDICATIONS			
Over the counter medications must be included on this list.			
Medication:	Used to Treat:	Prescribed Dosage:	Taking Since:
Is this patient prescribed medicinal cannabis or any product containing THC or CBD? If yes, please include in this list.			
OTHER Medical Information you feel it is important for us to know about.			

SECTION THREE

APPLICATION PACKAGE

REFERRAL WORKER INFORMATION

Name of Referral Worker _____

Telephone _____ Fax _____

Email _____

Referral Agency _____

Address _____

PLEASE CHOOSE ONE ONLY:

Kwunatsustul Trauma Programs

*DO NOT submit application until the applicant has minimum six (6) months sobriety. This sobriety requirement **includes 6 months free of alcohol, mind-altering drugs, methadone, suboxone, medicinal or recreational marijuana, and all cannabis products containing THC or CBD.***

Five Week Trauma Program

2-week Elders & Colleagues Trauma Program

Shorter Kwunatsustul Programs

*DO NOT submit application until the applicant has minimum one (1) month sobriety. This sobriety requirement **includes 1 month free of alcohol, mind-altering drugs, methadone, suboxone, medicinal or recreational marijuana, and all cannabis products containing THC or CBD.***

Honouring Grief

Other Short Trauma Program _____

APPLICANT NAME

SURNAME _____ GIVEN NAME _____



PERSONAL INFORMATION

SURNAME (legal name) _____ **GIVEN NAME(S)** _____

Known as (most often called) _____

HEALTH INSURANCE NUMBER _____

BIRTH DATE (Day/Month/Year) _____

GENDER: Male Female Identifies as _____

BAND NAME _____ **FULL STATUS NUMBER** _____

Status Indian: Yes No Métis Inuit

Residential School Survivor: Yes No

Intergenerational Survivor: Yes No Adopted / Foster Care: Yes No

Family substance abuse history? (Parents / Grandparents / Siblings) Yes No

Street (Permanent Address) _____

City _____ Province _____ Postal Code _____

Telephone _____ **Email** _____

Usual Occupation _____

Marital Status

___ Single ___ Married ___ Common-Law
___ Separated ___ Divorced ___ Widowed

Highest level of Education

___ No Education ___ Primary School ___ Junior High ___ Secondary
___ Some Primary ___ Some Secondary ___ Trade School ___ University
___ Adult Education ___ Community College

Legal Status

___ Not Applicable ___ Parole ___ Probation
___ Temporary Absence _____ Other

Family Type

___ Living Alone ___ Living with Spouse
___ Living with Parents ___ Single Parent
___ Living with Friends ___ with Spouse & Children
___ with Extended Family ___ Other ___ Homeless

Next of Kin: _____ **Relationship to applicant:** _____

Address: _____

_____ **Phone #s:** _____



APPLICANT'S HISTORY

Chemical Dependency

1. History of substance use

DRUG CLASS	Is Use a current problem? Please ✓	Date of last use
Alcohol	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Crack Cocaine / Cocaine Powder	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Crystal Meth	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Ecstasy	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Fentanyl	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Hallucinogens	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Heroin	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Inhalants	<input type="checkbox"/> Yes <input type="checkbox"/> No	
LSD	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Marijuana/Cannabis	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Medicinal Marijuana	<input type="checkbox"/> Yes <input type="checkbox"/> No	
CBD Oil	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Cannabis Edibles	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Methamphetamine/Speed	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Mushrooms	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Narcotics / Opiates (ex. Morphine, Oxycodone, Codeine, Percocet etc)	<input type="checkbox"/> Yes <input type="checkbox"/> No Describe:	
OAT (ex. Methadone / Suboxone)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
PCP	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Prescription Drugs	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Sleeping Pills	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Tranquilizers/Anti-Anxiety	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other (describe)		

2. Does the applicant use the following as a coping mechanism?

	Is Use a current problem? Please ✓	How Often?
Bingo	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Casino	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Food	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Relationships	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Sex	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Shopping	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Work	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Screens (cell phone, TV, tablet, computer, gaming)	<input type="checkbox"/> Yes <input type="checkbox"/> No	



3. Has the applicant attended a treatment program in the past?
 Year _____ Number of times _____ Location _____
 Year _____ Number of times _____ Location _____
 Year _____ Number of times _____ Location _____
4. List significant nutritional issues (i.e. diabetes, allergies, etc). _____

LEGAL

1. Does the applicant have a criminal record? Yes No
 If yes, date of charge: _____
 What were the charges? _____
2. Has the applicant been violent or abusive with their partner or children? Yes No
 If yes, please explain _____

3. Has the applicant been charged with a violent offence? Yes No
If yes, please request "Violent Offender Protocol" from Tsow-Tun Le Lum.
 If yes, date of charge: _____
 What were the charges? _____
4. Has the applicant been charged with a sexual offence? Yes No
If yes, please request "Sexual Offender Protocol" from Tsow-Tun Le Lum.
 Was the victim a minor? Yes No
 Is the applicant a treated sexual offender? Yes No
Tsow-Tun Le Lum only accepts treated sex offenders.
5. Are there any: Outstanding warrants Charges Court cases
6. Is applicant presently on: Parole Probation Incarcerated
Please attach a copy of the order.
7. Are there any outstanding child custody issues? Yes No



COUNSELLOR'S PERSPECTIVE

1. When was the last time the applicant used alcohol or drugs (including cannabis products or marijuana)? _____
2. What do you need us to know about the applicant? _____

3. Has the applicant ever disclosed harming anyone in a sexually abusive manner or displayed sexually inappropriate behaviour? Yes No
Explain: _____

GROUP READINESS

4. Is the applicant willing to share about their past in a group setting? _____
5. How is the applicant preparing for a trauma program? _____

6. Is the applicant attending support groups on a regular basis? Yes No
How often? _____

REFERRAL

7. Has the applicant been seeing you on a regular basis? Yes No
If yes, how many times? _____
8. Will you, as the referral person, be doing follow-up with the applicant after they have completed their program? Yes No

SPECIAL NEEDS

1. Does the applicant have any physical limitations that would prevent them from doing: daily chores, recreation, and cultural activities? Explain below in #7 Yes No
2. Does the applicant require a wheelchair accessible room/bathroom? Yes No
3. Does the applicant have any special needs that Tsow-Tun Le Lum Staff need to be aware of while they are in treatment? Explain below in #7 Yes No
4. Does the applicant require a hearing aid? (If yes, in order for the applicant to participate fully in group sessions, ensure they have their hearing aid and batteries). Yes No
5. Does the applicant require glasses? Yes No
6. Does the applicant require dental work? Yes No
7. If you answered "YES" to any of the above questions, please outline.



APPLICANT PERSPECTIVE

Please have the applicant write the answer to the following question.

1. What are your reasons for wanting to attend the Kwunatsustul Program? _____

2. Why now? _____

3. When was the last time you used alcohol or drugs (including cannabis products or marijuana)? _____

CONSENT for the RELEASE of DISCHARGE SUMMARY

I, _____, hereby request and permit Kwunatsustul Program to forward my discharge summary to _____.

Applicant's Signature _____ Date _____



CONSENT FOR TREATMENT

I, (name of applicant) _____, understand that my participation in the Kwunatsustul Program at Tsow-Tun Le Lum Helping House requires that I am – (please check boxes)

- aware that Tsow-Tun Le Lum Kwunatsustul Program is a continuous program which begins upon my arrival and ends following the completion ceremony,
- aware that Tsow-Tun Le Lum will maintain my confidential records in accordance with the Privacy Act.
- aware that Tsow-Tun Le Lum will contact the persons as I have consented to in the ‘Consent for Release of Information’ form.
- aware that Tsow-Tun Le Lum has the right to conduct random drug testing / searches.

I understand that for program participants and staff to work effectively, the program includes a schedule of events and activities which require my **full participation**–

- Counselling assessments and care plans
- Arts & crafts, recreation activities (yoga, swimming, walking, etc), ceremonies
- Group therapy sessions/art therapy/lifeskills training/sessions with Elder/assignments
- Alcoholic Anonymous/Narcotics Anonymous/Co-Dependency meetings
- I understand that if I am unwilling to participate fully in any of the above activities, I may be asked to leave.

- I understand that there are on-going programs at Tsow-Tun Le Lum, where applicants have been referred from various community resources (i.e. NNADAP, Friendship Centres, Social Workers, Doctors, Detox, Employers, Alcohol and Drug Counsellors, and Parole.)

- I am aware that whenever people gather, such as at home communities, social and spiritual functions, family and treatment programs, etc., there may be identified and unidentified violent and sexual offenders present. This is also true of Tsow-Tun Le Lum Helping House.

- I understand successful outcomes are best achieved when followed up with support in community.

- I understand the explanation of the above points, and therefore consent to undergo treatment at Tsow-Tun Le Lum Helping House.

- I understand I can withdraw or amend my consent to the release/request of information at any time. I also understand that if I revoke this authorization, it will not affect any actions taken before the revocation was received.

Applicant Signature _____ Date _____

Referral Worker’s Signature _____



CONSENT FOR RELEASE OF INFORMATION

I, (applicant's name) _____ hereby give my permission for staff at Tsow-Tun Le Lum to contact those persons identified below for the release of pre-treatment information, attendance verification, disclosure of progress during treatment, and aftercare planning and final discharge report if requested.

I understand that no other information will be released to any other persons without my written consent unless these persons have a court order or are concerned with my medical treatment in an emergency. I also understand that if I revoke this authorization, it will not affect any actions taken before the revocation was received.

ALL INFORMATION IS CONFIDENTIAL in accordance with relevant statutes.

Name:	Contact information:	Type of information that may be released to this person:
REFERRAL WORKER Organization: _____	Phone: _____ Fax: _____ Email: _____	<input type="checkbox"/> Pre-Treatment Information <input type="checkbox"/> Attendance Verification <input type="checkbox"/> Progress during Treatment <input type="checkbox"/> Aftercare Planning <input type="checkbox"/> Final Discharge Report
ALTERNATE REFERRAL CONTACT Organization: _____	Phone: _____ Fax: _____ Email: _____	<input type="checkbox"/> Pre-Treatment Information <input type="checkbox"/> Attendance Verification <input type="checkbox"/> Progress during Treatment <input type="checkbox"/> Aftercare Planning <input type="checkbox"/> Final Discharge Report
INDIVIDUAL #3 Organization: _____	Phone: _____ Fax: _____ Email: _____	<input type="checkbox"/> Pre-Treatment Information <input type="checkbox"/> Attendance Verification <input type="checkbox"/> Progress during Treatment <input type="checkbox"/> Aftercare Planning <input type="checkbox"/> Final Discharge Report
INDIVIDUAL #4 Organization: _____	Phone: _____ Fax: _____ Email: _____	<input type="checkbox"/> Pre-Treatment Information <input type="checkbox"/> Attendance Verification <input type="checkbox"/> Progress during Treatment <input type="checkbox"/> Aftercare Planning <input type="checkbox"/> Final Discharge Report

Applicant's Signature _____ Date: _____

Witness Signature _____ Date: _____
(may be referring person or assessor)

NOTE: This form is applicable for two (2) years after signed and dated. The applicant may change or revoke this release at any time by giving notice in writing to Tsow-Tun Le Lum.

