

Admission Application – Part 1 of 2



Applicant Information			
Applicant's Full Legal Name (First Middle Last)			
Date of Birth	Current Age:	Birthplace (City, State)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Home Street Address (Street Address, City, State, Zip)			
Mailing Address <input type="checkbox"/> Same as above			
Contact Phone Numbers: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Message			Social Security Number *
Ethnicity <input type="checkbox"/> Native American <input type="checkbox"/> African American <input type="checkbox"/> Latino/Hispanic <input type="checkbox"/> Other <input type="checkbox"/> Alaska Native <input type="checkbox"/> Caucasian <input type="checkbox"/> Asian/Pacific Islander			
Parent or Legal Guardian Information			
Legal Guardian is: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both Biological Parent <input type="checkbox"/> Adoptive Parent(s) <input type="checkbox"/> CPS <input type="checkbox"/> Foster Parent(s) <input type="checkbox"/> DCFS or ICW Caseworker <input type="checkbox"/> Other			
Please be sure to include any Guardianship Papers, BECCA or CHINS paperwork			
Parent or Legal Guardian's Name(s)			
Mailing Address <input type="checkbox"/> Same as applicant			
Contact Phone Numbers: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Message			
Referent Information			
This person can be the referring chemical dependency or mental health counselor, probation officer, caseworker, social worker, school counselor, or other professional that is working on behalf of the applicant and family to assist with placement at The Healing Lodge. Please be sure to include them on the Release of Information so we can talk with them regarding the application.			
Name		Title	
Agency			
Mailing Address			
Contact Phone Numbers: <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> After Hours <input type="checkbox"/> Fax <input type="checkbox"/> Email			

* The Social Security Act provides for the collection of Social Security Number to assist in the administration of public funded programs.

Applicant's Full Name:

The applicant is to complete this section

72-Hour Alcohol / Drug Abstinence Agreement

The Healing Lodge **does not** provide detoxification services, and as such, incoming residents must refrain from **ANY** drug or alcohol use for 72-hours prior to admission. New residents exhibiting withdrawal symptoms will be evaluated by our medical staff and chemical dependency counselors for possible referral to community detoxification services, if necessary. If community services are not available, **you may be denied admission to the treatment program.**

By signing below, I agree not to use any alcohol or drugs for 72-hours prior to my admission appointment.

Applicant

Date

Applicant Statement

The reason I want to come to treatment is: _____

Are you fully committed to comply with The Healing Lodge's rules during the admission process and during treatment? Yes No

What do you want to get from treatment? _____

If you do not complete treatment, what will your consequences be? _____

Applicant

Date

Applicant's Full Name:

Applicant to Complete This Section

Social and Family Information

1. Who are you living with at the present time?

Family Transitional Housing Institution Homeless Other

2. Who raised you?

3. What do you remember about growing up?

4. Describe the atmosphere at home when you were growing up:

5. Are difficulties at home contributing to your problems? Yes No

Please explain:

6. How has your use of alcohol or other drugs affected your relationship with family members?

7. What do you feel you need at home to be successful?

8. What are your family's attitudes toward substance use?

9. How has alcohol and drug use affected your involvement in cultural/traditional activities?

10. Who are the people in your life right now who are likely to support you to succeed in this program?

11. Who are the people in your life who are less likely to support you to succeed in this program?

12. What practical issues might interfere with your treatment? (reading/writing deficits, transportation)

Spiritual Orientation

1. Do you belong to or are you affiliated with a religious group? Yes No

2. Do you believe in God/Higher Power/Great Spirit/etc? Yes No

Please describe:

3. How do you view yourself with regards to Native American culture and traditional attitudes?

- Very traditional, follow the old ways as much as possible
- Have more traditional attitudes and practices than otherwise
- In the middle, some ideas from Native American culture, some from other cultures
- Native American culture has not had much effect on me
- Have not been exposed to Native American culture

4. How would you like to incorporate your cultural/religious/spiritual beliefs into your treatment process?

Applicant's Full Name:

Applicant to Complete This Section with Parent/Guardian Help

Legal

1. Are you currently on probation? Yes No

2. Are you court ordered to complete treatment? Yes No

▶ If yes, we will need a copy of the Court Orders.

2. Are you confined to remain in Washington state by court order or by your PO? Yes No

▶ If yes, we will need a release so we may transport you into Idaho for treatment-related recreational activities.

3. Please list all **current** legal problems:

If the legal history is extensive, it is helpful to include a print out provided by the Court or Probation Officer

Offense	Date	Disposition	Alcohol/Drug Related?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Please list all **past** legal problems:

Offense	Date	Disposition	Alcohol/Drug Related?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Attach additional page if necessary

Probation Officer Name

Court or Agency Name

Mailing Address

Contact Phone Numbers:

Work

Cell

Fax

5. Do you have a history of violence? Yes No

Please describe:

6. Do you have a history of animal cruelty? Yes No

Please describe:

7. Do you have a history of fire setting? Yes No

Please describe:

8. Have you ever been charged with a sexual offense? Yes No

Please describe:

9. Do you have a history of running away from home? Yes No Number of times: _____

Applicant's Full Name:

Applicant to Complete This Section with Parent/Guardian Help

Medical

1. Do you have a prescription for Eye glasses Contact Lenses?

Do you have them and wear them? Yes No

If not, please explain:

2. Do you have a hearing or speech problem? Yes No

If yes, please explain:

3. Do you have any significant health problems, either now or in the past? Yes No

If yes, please explain:

4. Do you have a history of alcohol or drug withdrawal that required hospitalization?

If yes, please explain:

5. When you stop using alcohol or drugs, do you experience any of the following?

delirium tremors (DTs) audio hallucinations (hearing things)

severe mood changes visual hallucinations (seeing things)

seizures tactile hallucinations (feeling things)

None

6. Do you currently take any prescribed medications? Yes No

Please provide name, dosage, how often medications are taken, and how long you have been on the medication. Individuals on medication need to bring enough to last through 90 days.

7. Do you currently use tobacco products? Yes No

If yes, do you use Cigarettes Chewing tobacco Other: _____

Tell us how long you have used: _____

If yes, have you tried to quit in the past? Yes No

What have you used to help? patches gum medication other: _____

8. Do you have any allergies (medications, food, bee stings, etc.)? Yes No

Please list your allergies:

If yes, are medications needed for your allergies? Yes No

Please provide details of your allergy medication needs:

9. Do you have any physical restrictions on activities? Yes No

Please describe:

10: Do you have any special diet needs? Yes No

Please specify:

11. Are there any special accommodations we need to arrange before you come to treatment?

Yes No Please specify:

Applicant's Full Name:

Applicant to Complete This Section with Parent/Guardian Help

Treatment

1. Have you ever received substance abuse treatment? Inpatient Outpatient None

Program Name	Dates	Type of Discharge	If not successful, why?

2. Have you ever seen a mental health counselor, psychiatrist or psychologist? Yes No

Therapist Name	Dates	Reason for Therapy

3. Have you ever been hospitalized for emotional problems? Yes No

Name/Location of Hospital	Dates	Reason for Admission

4. Have you ever attempted suicide? Yes No

Date	Method	Require Hospitalization?	Alcohol or Drug Related?

5. Have you ever harmed yourself by cutting or burning? Yes No

Date	Method	Require Hospitalization?	Alcohol or Drug Related?

Education

1. Years of Education: _____

2. Current school status: Full Time Part Time Suspended Expelled Dropped Out GED

3. In the last twelve months, how many times have you been suspended from school? _____
How many schools have you been expelled from? _____

4. Have you ever been diagnosed with a learning disorder, involved in special education or tutoring?
 Yes No If yes, please describe:

Do you have an IEP or 504 Plan? Yes No

Please contact the school and have them forward the IEP or 504 Plan to The Healing Lodge as soon as you can. This will help us to best meet your education needs.

Authorization for Release of Protected Information

**The Healing Lodge of the Seven Nations
Admissions Department
509-533-6910 ext. 240**

**5600 East 8th Avenue
Spokane Valley, WA 99212
Fax: 509-535-5749**

Name:

Date of Birth:

Parents/Legal Guardian:

Mailing Address:

City: State: Zip Code: Phone:

I, the above named juvenile, do hereby authorize the exchange of confidential and protected health information between The Healing Lodge of the Seven Nations and the following individual(s) or agency(s). Information exchanged includes written, faxed, and verbal records or documents as necessary, pertaining to myself.

Agency	Specific Agency Name or Contact	Phone Number
<input type="checkbox"/> Primary Health Care Provider		
<input type="checkbox"/> Chemical Dependency Counselor		
<input type="checkbox"/> Mental Health Counselor		
<input type="checkbox"/> Probation Officer		
<input type="checkbox"/> Attorney		
<input type="checkbox"/> Current or last school attended		
<input type="checkbox"/> DCFS, CPS, or ICW Caseworker		
<input type="checkbox"/> Other		
<input type="checkbox"/> Other		

Information exchanged is to be used to assist in my placement with The Healing Lodge of the Seven Nations treatment program. I hereby release the people and agency(s) above and their employees from liability or damages that may result from furnishing the information and/or records as requested by myself.

The information released includes information protected by Federal Regulations 42 CFR Part 2, and may include medical and dental information, chemical dependency assessments, diagnosis, and treatment records, mental health evaluation, diagnosis, and treatment records; legal history and documents; educational records; and other information that will assist in my placement at The Healing Lodge of the Seven Nations.

I understand that I may revoke this consent for release of information at any time. However, I also understand that any release which has been made prior to my revocation and which was made in reliance upon this authorization shall not constitute a breach of right to confidentiality.

This release is in effect for 180 days from the date signed, or

Applicant

Date

Parent / Legal Guardian / Authorized Representative

Date

You have completed Part 1 of the application process. Please mail or fax to The Healing Lodge Admissions Office along with:

- Current Chemical Dependency Assessment (within 90 days – please make sure that the referring chemical dependency counselor knows that we need the complete assessment – not just a summary) and include discharge summaries from any past treatment programs.
- Recent Physical (within one year) – standard physical formats are accepted. Must include current medications.
- Any Mental Health assessment/evaluation information including:
 - Psychological Evaluation
 - Mental Health Evaluation/Assessment
 - Testing Results
 - Treatment plans and progress notes

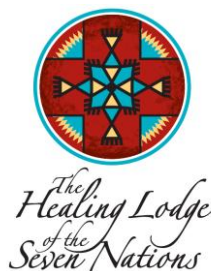
Fax or mail all information to:

Admissions Fax: 509-535-5749

**Elizabeth Best
Admissions Coordinator
The Healing Lodge of the Seven Nations
5600 East 8th Avenue
Spokane Valley, WA 99212**

If you have any questions, please do not hesitate to call the Admissions Office at 509-533-6910 ext. 240.

Once you have submitted all of the required information in Part 1 of the application, it will be reviewed by the Admissions Screening Committee to make sure that the Healing Lodge program is the most appropriate place for the applicant, and that we have the services necessary to provide a high level of service based on individual needs.



Part 2 of the application contains information that is not critical to the initial review process for an application, but is required prior to admission.

Do Not Wait until you have everything in Part 2 of the application to send in Part 1. This will only delay the review and approval process and potentially delay the admission date.