

Regular Inpatient Program	<p style="text-align: center;">APPLICATION APPLIES TO ONLY ONE OF THESE PROGRAMS</p> <p style="text-align: center;">↔</p> <p style="text-align: center;">CHECK ONE</p>	<p style="text-align: center;">ORT</p> <p style="text-align: center;">Opioid Replacement Treatment</p>
Client Full Name:	Date of application:	

REFERRAL NOTES

_____ All Documentation i.e. (Client assessment, medical forms, and all mental health reports) must be completed and forwarded to the Rising Sun for review by the assessment team. This includes SASSI ASSESSMENT.

_____ Emergency contacts numbers must be told upon admission including family and field workers, that way we can get in contact with you should anything arise during program.

_____ Applicants cannot be using any benzodiazepine medication while in treatment. They must be clean a minimum of seven (7) days, prior to admission.

_____ All medical carriers or drivers must remain at the Rising Sun for ½ hour to allow treatment staff to properly assess new residents to the program. This will include waiting for results for urine screens and belonging checks.

_____ All documentation cannot be dated more than one month prior to intake and assessment.

_____ All applicants must secure all financial arrangements prior to admission
 _____ This includes who will be responsible to get social assistance checks from the home community.
 _____ Depositing amounts into the clients' accounts.

_____ All medication must belong to the client and only the client, should be properly labeled with date, and in proper containers prior to admission.

ORT CLIENTS ONLY THIS SECTION.

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|--|---|
| _____ Referral package ORT | _____ Medical Clearance ORT |
| _____ Doctor Verification Form | _____ ORT Client Assessment application |
| _____ Doctor is in Contact with Pharmacy | |

REGARDING ADMISSION

_____ All residents must pack in a small bag separately, personal belongings such as under garments (enough for 2 days) this could be an overnight bag. This will allow for quick check in and will allow us to go through the rest of the personal belongings at a later date.

_____ All residents and their belongings will be searched upon admission and returning from any outings i.e. weekend pass.

_____ All residents must submit to drug testing if so requested. Failure to do so will result in dismissal from the program.

_____ All residents that are deemed a possible threat to themselves or others – 911 will be contacted.

_____ All residents must turn over all medications to staff, which will be examined and logged into a medication log book, to ensure proper dispensing.

PLEASE MAKE SURE THAT YOUR CLIENT HAS CLOTHING THAT IS DIS-RESPECTFUL TO ONE'S BODY, AND FACILITY (NO SHORT SHORTS, MINISKIRTS, SKIN TIGHT OR REVEALING OUTFITS. SHOULD THESE ITEMS ARE DISCOVERED DURING THE BELONGINGS CHECK THEY WILL BE PLACED IN THE OFFICE TILL THE CLIENT LEAVES.

ALSO DRESS WITH THE SEASONS, FOR EXAMPLE: WINTER CLOTHES FOR WINTER, SUMMER CLOTHES FOR SUMMER