

SOUTHERN ALCARE MANOR

520 7th Street South
Lethbridge, AB T1J 2H1
403-328-0955

Southern Alcare Manor is a long-term addiction recovery program for clients aged 18+ with substance use and addiction issues.

Our facility is in the downtown core of Lethbridge with access to a wide range of services. The aim of our program is to enhance the strengths and skills of our residents on an individual basis. This design is to encourage and empower through interventions based on best practices to begin to live free of problematic substance use.

Southern Alcare Manor offers supportive opportunities to work on substance use related goals. The programs are abstinence focused and require that each resident agree to refrain from substance use while in the program.

Please note: Southern Alcare Manor is unable to accommodate those individuals that require the use of walkers, crutches, or wheelchairs.

APPLICATION PROCESS

The following suggestions may help you in the application process. Please answer all of the questions to the best of your ability.

If you have been diagnosed with any physical or mental health concerns please provide information such as:

- your doctor's name and current contact information, and
- an up-to-date list of your medications.

If you are coming to us from another program please provide us with your discharge summary from that program.

Please ensure that the following documents are reviewed and signed before submitting them, this will help speed up the process from our end.

- Consent to Release / Obtain Confidential Information
- Applicant Informed Consent for Services
- Participant Agreement
- Early Exit Transition Plan

Office Hours are Monday to Friday 8:00 am – 5:00 pm

For general enquiries please email or call using the contact information below.

Phone: 403-328-0955

Fax: 403-381-2021

Email: admin.alcare@shaw.ca

holly.alcare@shaw.ca

recovery.alcare@shaw.ca

INFORMATION FOR REFERRING AGENCIES

As a referring service care provider, you play a key role in helping your client succeed as follows:

- supporting client preparation, admission, engagement, retention, and therapeutic alliance,
- maintain community support with a client and his / her care team,
- help the client maintain a connection to the community, and
- support transition planning and timely return to the community.

If you are not able to stay involved with the client that you are referring please help your client get connected to a resource that **can** provide this support. If this is **not possible**, please alert our recovery team so they can help connect the client to resources in the community.

TRANSITION PLANNING

Transition planning starts as early as possible in the resident's stay at Southern Alcare Manor.

The resident and staff will work together as early as possible to develop a transition plan.

An Early Exit Transition Plan is vital to maintaining a resident's safety.

If a staff member has informed the resident of an issue that may result in early discharge from the program, or a resident decides to leave the program early, staff will strive to facilitate a safe transition for the resident.

The Southern Alcare Manor staff can provide additional information about the programs and assist with some of the client's preparation needs when required.

Once the application package is submitted by fax or email clients are asked to check-in bi-weekly to maintain their status on the waitlist as changes can occur quickly.

Check-ins can be made by calling 403-328-0955, pressing option 2, and leaving a message. Your message will be recorded as part of your regular check-in. You can also send an email to holly.alcare@shaw.ca or recovery.alcare@shaw.ca .

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REFERRING AGENCY INFORMATION		
Date of Referral:		
Who is making the referral?		
Name:		
Agency:		
APPLICANT INFORMATION		
Legal Name:		Preferred Name(s):
Birthdate:	Age:	Marital Status:
Health Care Number:		Preferred Pronouns:
Street Address:		
City:	Province:	Postal Code:
Telephone	Would it be okay to leave a message? Yes or No	
Email:		
Emergency Contact Information:		
Name:	Relationship:	Phone:
Can we contact this person if you are discharged early from Southern Alcare Manor? Yes or No		
If no, is there another individual we can contact in this situation? Yes or No		
If yes, please provide name:		Phone:
Do you have any children under 19 years of age? Yes or No		
If yes, are they currently living with you? Yes or No		
Is Child Welfare involved: Yes or No		
Please provide additional information if necessary:		

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MENTAL HEALTH				
Applicant Name:			Referral Date:	
Have you ever been diagnosed with a mental health concern(s)? Yes or No				
If yes, When? Who diagnosed you?				
When was the last time you had significant problems with the following:				
1. Feeling very trapped, lonely, sad, blue, depressed, or hopeless about the future?				
Past Month	2 – 3 mon ago	4 – 12 mon ago	1+ year ago	Never
2. Sleep trouble, such as bad dreams, sleeping restlessly, or falling asleep during the day?				
Past Month	2 – 3 mon ago	4 – 12 mon ago	1+ year ago	Never
3. Feeling very anxious, nervous, tense, scared, panicked, or like something bad was going to happen?				
Past Month	2 – 3 mon ago	4 – 12 mon ago	1+ year ago	Never
4. Becoming very distressed and upset when something reminded you of the past?				
Past Month	2 – 3 mon ago	4 – 12 mon ago	1+ year ago	Never
5. Seeing or hearing things that no one else could see or hear, or feeling that someone else read or control your thoughts?				
Past Month	2 – 3 mon ago	4 – 12 mon ago	1+ year ago	Never
CURRENT MEDICATIONS				
Please provide a list of medications that have been prescribed to you. You may be able to obtain this list from your Doctor or Pharmacist.				
Do you have any concerns about your current medications?				
Are you currently pregnant? Yes or No			If yes, what trimester are you in?	
Do you have any drug allergies? Yes or No				
Are you on current Opiate Maintenance Therapy? Yes or No				
If yes, what type of therapy?				
Who is your care provider?				
Start Date:			Current Dose:	

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PSYCHOLOGICAL AND SOCIAL	
Applicant Name:	Referral Date:
Are you currently in an abusive environment? Yes or No	
Are you fleeing an abusive relationship? Yes or No	
If yes, please explain:	
Have you ever experienced or witnessed violence in the past? Yes or No (Such as abuse, neglect, sexual assault or forcible confinement?)	
Have you been treated for PTSD or Trauma?	
If yes, to any of the above questions please briefly describe the areas of concern.	
Do you have concerns for your safety related to your care in the program? Yes or No	
If yes, please explain?	
Do you have safety concerns related to aftercare? Yes or No	
If yes, please explain:	
Do you have any concerns about being in a group setting / environment? Yes or No	
If yes, please explain:	

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DIETARY REQUIREMENTS		
Applicant Name:	Referral Date:	
Do you have any special dietary needs? Yes or No		
If yes, please describe:		
Do you have any food allergies? Yes or No		
If yes, please list:		
Do you have any dietary sensitivities? Yes or No		
If yes, please explain:		
Do you have any history of disordered eating? Yes or No		
If yes, please explain:		
Have you ever had a problem with any of the following?		
Binging Yes or No	Purging Yes or No	Abuse of Laxatives Yes or No
Have you ever had a problem with excessive exercising?		
If yes, please explain:		
Have you ever participated in treatment for disordered eating? Yes or No		
If yes, please explain:		

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TREATMENT HISTORY & SUBSTANCE USE							
Applicants Name:				Referral Date:			
Primary Problem (Yes or No)	Substance	Primary Route of Use (Oral, nasal, sublingual, smoke, inhale, anal, intravenous, intramuscular, trans buccal)	# of Days used in the last 30 days	Amount Used in a Typical Day	Age at first Use	Current Use	Date of Last Use
	Alcohol						
	Non-Beverage Alcohol						
	Bath Salts						
	Cannabis						
	Crack Cocaine						
	Cocaine						
	Heroin						
	Carfentanyl						
	Fentanyl						
	Oxycontin						
	Morphine/ Hydromorphone						
	Demerol						
	Benzothiazine						
	Hydrocodone						
	Crystal Meth						
	Amphetamines						
	GHB						
	Ecstasy / MDMA						
	Ketamine						
	Inhalants						
	Over the Counter						
	Prescription Drugs						

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TREATMENT HISTORY & SUBSTANCE USE CONTINUED	
Applicant Name:	Referral Date:
Have you completed a withdrawal management program such as Detox? Yes or No	
If yes, please list the most recent dates, where, and for what substances: _____	
Have you ever overdosed? Yes or No When was your most recent overdose? _____ If yes, how many times have you experienced an overdose? _____	
Do you have a history of seizures or DT? Yes or No _____ What is your clean date? _____	
Have you ever participated in substance use services or supports? (including seeing a counselor, outpatient clinic, AA, NA, etc.)? Yes or No	
If yes, please list the most recent agencies, dates, where, and for what substances:	
What has been helpful in your past recovery or support experiences?	
What has <u>not</u> been helpful in your past treatment or support experiences?	
MOBILITY CONCERNS	
Do you have any mobility issues? Yes or No	
Do you have problems with managing stairs? Yes or No	
Do you have problems sitting for an hour? Yes or No	
Do you have back problems? Yes or No	
Do you require frequent rest periods during the day? Yes or No	

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CULTURAL INFORMATION			
Applicant Name:		Referral Date:	
We invite you to let us know if there are any traditional practices or ceremonies that will support your wellness while at Southern Alcare Manor:			
Is there anything you would like us to know about you or your culture that we have not included here?			
Do you identify yourself as an Aboriginal person, First Nations, Metis or Inuit? Yes or No			
If you identify as an Aboriginal person, are you: First Nations Metis Inuit			
Status: Yes or No		Band:	
GENDER AND SEXUAL ORIENTATION			
Male	Female	Gender Creative / Fluid	
Transgender: MTF FTM	Other:	Prefer not to answer	
What pronoun would you like us to use? He She They Other:			
Sexual orientation is diverse, we invite you to let us know your sexual orientation:			
Heterosexual	Lesbian	Gay	Bisexual
Queer	Questioning	Two-Spirit	Pansexual
Asexual	Other:	Prefer not to answer	
Is your reason for getting help (substance use, mental health concerns) related to issues around your sexual orientation or gender identity?			
Not at all	A little	Somewhat	
A lot	Unsure	Prefer not to answer	

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APPLICANT'S STRENGTHS, INTERESTS, AND HOPES

Tell us about your strengths and positive qualities:

Please write a short paragraph describing your treatment plan.

INFORMED CONSENT FOR SERVICES

Purpose: *For you to understand the process and nature of our treatment program as well as the associated risks and benefits, so you can make an informed decision about whether or not to participate.*

Moving into a residential treatment center is not an easy transition for anyone seeking to recover from addiction. Engaging in recovery services takes a lot of courage and provides you with the opportunity to discover much about yourself and your behaviors. This may be your first experience and it is important for you to understand what treatment is about. Please read through the attached materials carefully and bring up any questions that you have so that we can discuss them. We will ask that you sign this consent form once we have discussed it so that we will have in our records that you have read and had the opportunity to discuss the information with Southern Alcare Manor (SAM) staff.

SAM Philosophy and Services

Southern Alcare Manor is a 3rd Stage model of treatment and is based upon abstinence from using addictive substances and materials. Our program is designed to consist of mandatory attendance at group sessions during the daytime and some evenings, continued support in transitioning back into society through obtaining/returning to work or education and finding suitable housing and services to aid daily living.

While a resident of SAM you will be assigned a Recovery Coach. This staff member will be available to help you in navigating your way through the maze of services available in the community. Your Recovery Coach will help you determine your recovery plan and lead your progress reviews to keep you focused on your goals and lifestyle commitments.

You will also be assigned a therapist who will assist you with any mental health concerns and provide professional help in accomplishing any desired changes you would like to make in your life. Your wishes and goals will be considered because the philosophy of SAM also includes the concept of “meeting you where you are at” and helping you get to where you would like to be as you exchange old patterns for new ones. Our staff communicate to other services available including, but not limited to psychiatrists, medical providers, pharmacies, therapy specialists, etc. We work hard to ensure you become connected with any needed services.

Treatment Risks and Benefits

Recovery Treatment is different than just going to a self-help meeting. Our services have specific goals, set largely by you, and though our services may be supportive they will also challenge you. Sometimes you might feel annoyed, tired or upset following a

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group session, or in having to participate in house chores. This can happen as you incorporate new ways of living and thinking, and filling blocks of time formerly filled by substance-seeking behaviors. You will also be living in a communal setting with other adults as roommates, or dinner mates in the dining room, or sharing a television in the evening with others who don't have your same tastes and preferences. As you progress through your time in our program and accumulate clean days you will experience changes in your beliefs and activities or relationships that may have unexpected results. Usually, these changes are very positive in the long-term, but it may be difficult to experience them as they are occurring.

You may be exposed to specific psycho-educational groups and ideas that are new to you. If you have any questions about these things it is important that you ask them. It is also important for you to know that you have the right to terminate your participation in our program at any time. Our program is safe, with doors that lock and prevent the outside influences from getting in. These doors are not locked to keep you in. You may leave the program at any time and attend alternative programs or attempt to recover on your own. There are similar programs in Medicine Hat, Calgary, Red Deer, Edmonton, and in other communities throughout the province. There is also a Detoxification Centre in the Chinook Regional Hospital, one in Fort McLeod, a 2nd Stage recovery centre east of Lethbridge, and a supervised consumption site in the city. There are also various services in Lethbridge that offer services you may access on your own. Feel free to ask for referral information.

Program Costs

The only things one needs to pay for individually include toiletries, tobacco, towels and outside entertainment. We prefer that personal belonging be kept to a minimum. A good quality pillow may also be useful if one has preferences.

Conflict of Interests

SAM staff have limits on the types of interactions they may have with residents; professional boundaries must be maintained. Staff will not pursue relationships with residents other than those required in the provision of services. Staff will not give legal, medical, financial or other professional advice. Staff will not have romantic, friendship, or sexual relations with clients. Staff will neither give nor accept gifts from residents. Staff will not attend personal parties or other events sponsored by residents or their families and friends.

It is important for residents to feel safe while at SAM. If there is a perceived conflict with staff, or the assigned Recovery Coach or therapist, you have a right to request a change, or even a referral to another agency.

It is also important for staff to feel safe in their work, and their concerns will be considered if they should begin to feel uncomfortable in caring for you. This can occur if

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their personal values, experiences, or reactions interfere with their ability to provide you with the best care possible.

It is very important that everyone realize this is a residential program, where adults from disparate backgrounds live and work. Procedures will be enacted to ensure the safety of all involved. Incompatibilities will be dealt with in the least restrictive way possible.

APPLICANT INFORMED CONSENT FOR SERVICES	
<ul style="list-style-type: none">• I have read the Informed Consent for Services document, had enough time to consider it carefully, asked any questions that I need to, and understand it.	
<ul style="list-style-type: none">• I understand that I will be assessed for progress at intervals.	
<ul style="list-style-type: none">• I understand the SAM philosophy of working with me where I am.	
<ul style="list-style-type: none">• I understand the SAM philosophy of abstinence.	
<ul style="list-style-type: none">• I understand the benefits and risks of participating in this program.	
<ul style="list-style-type: none">• I understand that my behaviors must be compatible to the program and cooperative in nature.	
<ul style="list-style-type: none">• I understand that any conflicts with Staff or other residents will be investigated and dealt with in the least restrictive way.	
<ul style="list-style-type: none">• I understand that there are alternate services available to me.	
<ul style="list-style-type: none">• I understand that I may be referred to appropriate services.	
<ul style="list-style-type: none">• I agree to participate in the recovery program offered at Southern Alcare Manor.	
Applicant Name:	Signature:
	Date:
I, _____, have discussed the issues within this consent with the above applicant. My observations of this person's behavior and responses indicate that this person understands the philosophy and provisions of the treatment offered as set out above and is competent to give informed and willing consent.	
Staff Name:	Signature:
	Date:

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PARTICIPANT AGREEMENT

I _____ (full name) agree that while I am in the program at Southern Alcare Manor I will:

- treat others with respect and dignity without discrimination
- honor the privacy and right to confidentiality of others.
- conflict between residents that goes unresolved or involves other residents may be subject to suspension.

I agree to participate in the following activities upon arrival at Southern Alcare Manor:

- all groups , programs, and recreational activities
- meetings with Therapist and Recovery Coach weekly throughout your stay.
- follow a treatment plan as set out by you and your Recovery Coach
- participate in a medication review with your Recovery Coach
- consistently handing in all medications, supplements and over the counter to the program staff.
- Provide urine sample and breathalyzer if requested

PERSONAL BELONGINGS

Southern Alcare Manor will not be responsible for any lost or stolen personal belongings . If you move out early , your belongings will be packed up in a respectable manner and stored for no longer than 30 days . After 30 days all items will be sent out to local charities.

If you bring a bike with you , you must have a reliable bike lock as bikes will not be stored in the building.

Applicant Name:	Signature:
	Date:
Staff Name:	Staff Signature:
	Date:

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CONSENT TO RELEASE / OBTAIN CONFIDENTIAL INFORMATION	
Applicant Name:	Referral Date:
<p>I _____ (full name), D.O.B. _____ do hereby consent and authorize my Recovery Coach _____ Designates name _____ Therapist's name _____ to release any information pertaining to me to the agencies / persons indicated below, and I also authorize the indicated sources to release information / documentation regarding my case to _____ (name):</p>	
<p><input type="radio"/> Department of Children and Families Services Contact Person and Phone Number:</p>	
<p><input type="radio"/> Alberta Works (location): Contact Person and Phone Number:</p>	
<p><input type="radio"/> Attorney Name and Phone Number:</p>	
<p><input type="radio"/> Alberta Addictions and Mental Health Services Counselor Name and Phone Number:</p>	
<p><input type="radio"/> Psychiatrist / Psychologist Name and Phone Number:</p>	
<p><input type="radio"/> Physician or Pharmacist Contact Name(s) and Phone Number(s):</p>	
<p><input type="radio"/> Probation Officer Name and Phone Number:</p>	
<p><input type="radio"/> Parole Officer Name and Phone Number:</p>	
<p><input type="radio"/> Family Member(s) Name(s) and Phone Number(s):</p>	
<p><input type="radio"/> Other Name and Phone Number:</p>	

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CONSENT TO RELEASE / OBTAIN CONFIDENTIAL INFORMATION CONTINUED	
Applicant Name:	Referral Date:
Listing of specific information which may be disclosed in special cases: (check all that apply):	
<input type="checkbox"/> Pharmacist's Name:	
<input type="checkbox"/> Location	
What information can be released?	
<input type="checkbox"/> Therapy	
<input type="checkbox"/> Dose	
<input type="checkbox"/> Duration	
<input type="checkbox"/> Netcare drug level results	
<input type="checkbox"/> Discussions regarding changes in medication time and dosage	
<input type="checkbox"/> Psychiatric Assessment	
<input type="checkbox"/> Information necessary for the processing and payment of program billing	
<input type="checkbox"/> Other	
A listing of why this information is needed – e.g., for the following purposes: (Check all that apply)	
<input type="checkbox"/> Provide ongoing treatment / continuing care	
<input type="checkbox"/> Obtain insurance / employment / government benefits	
<input type="checkbox"/> Coordinate services with authorized agencies	
<input type="checkbox"/> Coordinate program intervention efforts with my family / significant other / concerned person	
The duration of this authorization is until:	
<input type="checkbox"/> Six months from the date of my case's discharge from the program	
<input type="checkbox"/> Resolution of billing for program services	
<input type="checkbox"/> Other:	
I understand that I may revoke this consent at any time by notifying the facility in writing, except to the extent that information has already been released to the identified party. A photocopy of this authorization is to be considered as valid as the original document.	
Applicant Signature:	Date:
Witness Signature:	Date:

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EARLY EXIT TRANSITION PLAN	
Please provide this information	
Should I leave Southern Alcare Manor prior to program completion, I agree to utilize the support of Southern Alcare Manor staff for resource information and safe exit / transition planning.	
Return to my home and / or the home of the individual named below for immediate shelter and transition support and / or contact the agency / worker named below for immediate shelter and transition support.	
Early Exit Contacts:	
1. Name:	Relationship:
Home Phone:	Cell:
2. Name:	Relationship:
Home Phone:	Cell Phone:
3. Organization / Agency Name:	Contact / Worker Name:
Phone:	Cell:
Applicant Name:	Signature:
	Date:
Additional Information (e.g.,)Details of your Early Exit Transition Plan	

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LEGAL INFORMATION		
Applicant Name:		Referral Date:
Are you on probation or parole? Yes or No		
Do you have a conditional sentence? Yes or No		
If yes to either of the above, <i>please provide contact information for parole or probation on the consent form.</i>		
Are you currently under any of the following orders?		
Probation: Yes or No	Bail: Yes or No	Parole: Yes or No
Do you have any current legal restrictions? Yes or No		
If yes, briefly describe what those restrictions are?		
Have you ever been charged or convicted of the following?		
Trafficking: Yes or No	If yes, when?	
Theft: Yes or No	If yes, when?	
Parole Violations: Yes or No	If yes, when?	
Drug Charges: Yes or No	If yes, when?	
Weapons Offences: Yes or No	If yes, when?	
Sexual Assault: Yes or No	If yes, when?	
Robbery: Yes or No	If yes, when?	
Assault: Yes or No	If yes, when?	
Arson: Yes or No	If yes, when?	
Manslaughter / Murder: Yes or No	If yes, when?	
Family Violence: Yes or No	If yes, when?	
Impaired: Yes or No	If yes, when?	
Willful Damage: Yes or No	If yes, when?	
Break and Enter: Yes or No	If yes, when?	
Forcible Confinement / Kidnapping: Yes or No	If yes, when?	
Intimate Partner Violence: Yes or No	If yes, when?	
Gang Affiliation: Yes or No	Active: Yes or No	
If you are no longer active in gang affiliation explain how you were able to separate:		