

Date: _____
☐ Pre-treatment ☐ Post-treatment



Kokum's House Men's Home
Application Form 2024

Last name: _____ Legal First Name: _____

Middle Name: _____ Preferred Name: _____

Birthdate (dd/mmm/yyyy): _____ Age: _____

AB Health #: _____ SIN #: _____

Phone #: _____ Email: _____

Nationality: _____ Status/Metis?: ☐ Y ☐ N

Band/Nation: _____ Treaty #: _____

Current Living Situation: ☐ Detox: _____ ☐ Treatment: _____

☐ Incarcerated (Release Date: _____) ☐ Living Independently (*Rent/Own*)

☐ Living w/ Family/Friends ☐ Unhoused (*Shelter*: _____) ☐ Unhoused (*unsheltered*)

City of Residence: _____

Have you lived at Kokum's House before? ☐ Y ☐ N If yes, when? _____

CONTACT PERSON IN CASE OF EMERGENCY:

Name: _____ Relationship: _____

Phone: _____ City of Residence: _____

Marital Status: _____

Education (highest level): _____ Are you a Veteran? ☐ Y ☐ N

Employment Status: _____ Source of Income: _____

Referred by: ☐ Self ☐ Agency (with contact info): _____

Notes (*internal use only*): _____

Treatment Date: _____
Interview set up: ☐ Y ☐ N
Interview Date: _____
Accepted: ☐ Y ☐ N

SUBSTANCE USE HISTORY



Clean/Sober Date *(from all substances)*? _____

Drug(s) of Choice: _____

Pattern of Use: _____

Other Drugs Used *(in the past 5 years)*: _____

Other Addictive Behaviours *(e.g. gambling, sex or eating)*: _____

TREATMENT HISTORY

Facility	Date/Year	Outcome

Have you had any involvement with any of the following **12-step fellowships** *(please check all that apply)*:

☐ AA ☐ NA ☐ CA ☐ CMA ☐ GA ☐ Other(s) *(please specify)*: _____

Do you have any involvement with **SMART Recovery**? ☐ Y ☐ N

Do you have any involvement with **Faith-Based Recovery Programs**? ☐ Y ☐ N

Are you involved in Ceremony? ☐ Y ☐ N Do you have access to an Elder/Knowledge Keeper? ☐ Y ☐ N

Do you have **any challenges with reading, writing, or understanding instructions** that would prevent you from learning program materials and completing step work or paperwork? ☐ Y ☐ N

If yes, please explain how Kokum's House can support you:

What do you see as potential barriers or challenges while at Kokum's House?

What is the main reason for coming to Kokum's House?



MEDICAL HISTORY

Do you have medical needs or conditions that may impact you at Kokum's House?

☐ N ☐ Y (If yes, please describe)

Do you have any allergies? ☐ N ☐ Y (If yes, please describe)

If any allergies, do you require an EpiPen? ☐ N ☐ Y

Do you have any current medical (e.g., chronic health problems) or mental health concerns? ☐ N ☐ Y
(e.g. depression, anxiety, phobias, anger/rage, suicidal thoughts, or attempts, etc.)

Are you currently taking any prescribed medications for ongoing medical or psychological conditions?
If yes, please list the type and amount or attach a medication sheet to the back of the application.

Are you prescribed an Opioid Agonist Treatment? ☐ N ☐ Y

If yes, please indicate below which treatment, the dose and how long you have been taking the medication.

Treatment		Dosage	Length of Time
Suboxone	☐		
Subutex	☐		
Sublocade	☐		
Methadone	☐		
Naltrexone	☐		
Vivitrol	☐		
Kadian	☐		

Do you take over-the-counter medication? (If yes, please describe.)

Do you use any fitness supplements or workout enhancement products? (If yes, please describe.)

CONTACT INFORMATION FOR ALL PROFESSIONAL SUPPORTS

Name: _____ Profession/Role: _____ Ph#: _____

Name: _____ Profession/Role: _____ Ph#: _____

Name: _____ Profession/Role: _____ Ph#: _____



LEGAL HISTORY

Are you currently incarcerated? ☐ Y ☐ N

If yes, release date: _____

Do you have outstanding charges? ☐ Y ☐ N

If yes, court date: _____

Are you on parole/probation? ☐ Y ☐ N

How long is your order? _____

If yes, name of officer: _____

Phone number: _____

CONSENT & APPLICATION SIGNATURE

I, _____, hereby give consent to Kokum's House to discuss my information with other agencies for the purpose of determining the suitability of Kokum's House services for my needs and to assist in program planning if required. I understand that individuals, professionals, agencies, or institutions named in this application may be contacted to provide additional information, documentation, or verification.

I acknowledge and agree that my personal information may be disclosed to any Kokum's House employee, agent, contractor, or service provider as necessary to verify my eligibility or continuing eligibility for Kokum's House and any related services.

I hereby confirm that I am 18 years of age or older. I affirm that all information provided in this application is true and accurate to the best of my knowledge. I understand that any false information provided, or pertinent information omitted may result in loss of eligibility for or dismissal from Kokum's House.

I acknowledge that submission of this application does not guarantee acceptance into Kokum's House. Upon acceptance, I will be required to read, understand, and agree to the Kokum's House Rules & Regulations and execute a Residency Contract.

Applicant's Signature:

Date:

Print Name:

Witness' Signature:

Date:

Print Name:

Treatment Completion Date: _____

Referral's Comments:

