



Virtual Program Information

130 New Credit Road
Hagersville, ON
N0A-1H0
T: 519-861-4870
Toll Free: 1-877-330-8467
E-mail: intake@nhct.ca

This package will provide information that is necessary to apply for our Virtual Program. For facsimile/scan purposes, please keep the application one-sided.

You will find the following documents enclosed;

Adult Intake/Referral Form:

- All areas must be completed
- Court documents must be attached if applicable
- Client and Referral (if applicable) signatures are required

Release of Information:

- Referral worker name/agency must be included if applicable
- Client and referral worker (if applicable) signatures are required

Medical Forms:

- A medical professional is not required to complete this part of the application.
- The client and/or Referral (if applicable) must complete all information
- Include medical diagnoses and current medication information

Drug Use Screening Inventory Revised Questionnaire (DUSI-R) & Native Wellness Assessment

- All questions on the DUSI-R require **one answer** (yes or no)
- If the question does not apply to you, please answer no
- Questions #43 & #44 on the DUSI-R require **one answer** only
- All questions on the Native Wellness Assessment require **one answer**

Additional Information:

Native Horizons requires and accepts referrals from the following sources only:

- Community-based frontline workers (NNADAP, Mental Health Workers, etc.),
- Indigenous/Non-Indigenous Service Agencies, and
- Clients that wish to participate in the program, and do not have a Referral Worker (Self-Referral).

Criteria for Native Horizons to refer an applicant to another facility/agency includes:

- We are not a medically equipped facility, therefore we currently do not accept applicants on Narcotics (including Tylenol-3), Ativan or anti-psychotic medications
- Applicants who have been diagnosed with Bi-Polar Disorders, Personality Disorders, FAS/FASD, brain injury or physically dependent persons
- Applicants currently incarcerated
- Applicants whom have not maintained 14 days free of alcohol and/or drugs
- Couples and relatives cannot be accepted into the same program cycle; one may be considered for the following program cycle

The following steps outline the application process for Native Horizons Virtual Program:

1. Client and/or Referral Worker complete the application and e-mail to intake@nhhc.ca.
2. Client and/or Referral Worker will be notified by e-mail if the application is complete or incomplete. It is the responsibility of the client and/or the Referral Worker to ensure applications are complete to continue the intake process.
3. Client Applications are entered into our Addiction Management Information System (AMIS).
4. The intake worker reviews and screens the application to determine eligibility and suitability into the virtual program.
5. A telephone interview is scheduled with the client.
6. After the telephone interview, the application and interview summary is forwarded to Native Horizon's program staff for a decision of acceptance or alternative recommendations.
7. After the program staff have made a decision, a letter is sent to the client and/or Referral Worker stating approval or denial.
8. It is the client's responsibility to prepare for the virtual program and ensure that they are committed to the full four week program. If a client decides not to attend, the client must notify the intake coordinator as soon as possible.

How to Complete the Application with a Windows Desktop/Laptop:

Adobe Acrobat Version:

1. Please save the application to your documents to begin.
2. Open the document by double clicking with the mouse.
3. The following image depicts how the document appears when opened.

NHTCVirtualProgramApplicationPDF2021.pdf - Adobe Acrobat Pro 2017

File Edit View Window Help

Home Tools NHTCVirtualProgra... x

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Native Horizons Treatment Centre

INCOMPLETE APPLICATIONS MAY BE RETURNED, DELAYING THE INTAKE PROCESS

Form to be completed by Referral Agent and Client.
If any information is not applicable, indicate as **NA**, unknown as **UNK** and unavailable as **UNA**. Attach a separate sheet of paper if more room is needed.

PLEASE NOTE: ALL SECTIONS MUST BE COMPLETED
ADULT INTAKE/REFERRAL APPLICATION

A. General Information			
Date Application Received by Community Worker:		Date Application Received by Treatment Centre:	
Surname:	First Name:	Nickname or Alias:	
Date of Birth:	Age:	Sex:	Provincial Health Card Number:
Address:		Telephone Number:	
Language Spoken:	Reside On or Off Reserve:	Social Insurance Number:	

Find your tools here

-  Create PDF
-  Edit PDF
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-  Comment
-  Organize Pages
-  Enhance Scans
-  Protect
-  Fill & Sign

Fill and sign documents and forms electronically

-  Compare Files
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4. Please right-click on “Fill & Sign” on the right of the computer screen.. When one page is complete click the “down arrow” in to scroll down to the next page.

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Date of Birth:	Age:	Sex:	Provincial Health Card Number:
Address:		Telephone Number:	
Language Spoken:	Reside On or Off Reserve:	Social Insurance Number:	

Find your tools here

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-  Edit PDF
-  Export PDF
-  Comment
-  Organize Pages
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-  Protect
-  Fill & Sign

Fill and sign documents and forms electronically

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Fill & Sign

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 ADULT INTAKE/REFERRAL APPLICATION

A. General Information

Date Application Received by Community Worker:		Date Application Received by Treatment Centre:	
Surname:	First Name:	Nickname or Alias:	
Date of Birth:	Age:	Sex:	Provincial Health Card Number:
Address:		Telephone Number:	

MY PROFILE Settings
 Name
 Sky Urs
 Sky
 Middle Name
 Urs
 Address
 Email
 Phone

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5. The screen will now appear with various choices

VirtualProgramApplicationApr2021.pdf - Adobe Acrobat Pro 2017

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Fill & Sign

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PLEASE NOTE: ALL SECTIONS MUST BE COMPLETED
 ADULT INTAKE/REFERRAL APPLICATION

A. General Information

Date Application Received by Community Worker:		Date Application Received by Treatment Centre:	
Surname:	First Name:	Nickname or Alias:	
Date of Birth:	Age:	Sex:	Provincial Health Card Number:
Address:		Telephone Number:	

MY PROFILE Setting
 Name
 Sky Urs
 Sky
 Middle Name
 Urs
 Address
 Email
 Phone

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6. Right-click “Ab” and then right-click again where you would like to insert text. Continue this until all sections have been populated that require text answers. If you make a mistake, click on the text and a garbage bin will appear, click on it. Then click again to insert a text box with the correct information.

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Native Horizons Treatment Centre
INCOMPLETE APPLICATIONS MAY BE RETURNED, DELAYING THE INTAKE PROCESS

Form to be completed by Referral Agent **and** Client.
If any information is not applicable, indicate as **NA**, unknown as **UNK** and unavailable as **UNA**. Attach a separate sheet of paper if more room is needed.
PLEASE NOTE: ALL SECTIONS MUST BE COMPLETED
ADULT INTAKE/REFERRAL APPLICATION

A. General Information			
Date Application Received by Community Worker:		Date Application Received by Treatment Centre:	
Surname: Urs	First Name: Sky	Nickname or Alias: N/A	
Date of Birth: July 30 1940	Age: Your Age	Sex:	Provincial Health Card Number: 12355811998AZ

MY PROFILE Settings
Name
Sky Urs
Sky
Middle Name
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Address
Email
Phone

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Native Horizons Treatment Centre
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Form to be completed by Referral Agent **and** Client.
If any information is not applicable, indicate as **NA**, unknown as **UNK** and unavailable as **UNA**. Attach a separate sheet of paper if more room is needed.
PLEASE NOTE: ALL SECTIONS MUST BE COMPLETED
ADULT INTAKE/REFERRAL APPLICATION

A. General Information			
Date Application Received by Community Worker:		Date Application Received by Treatment Centre:	
Surname: Urs	First Name: Sky	Nickname or Alias: N/A	
Date of Birth: July 30 1940	Age: Your	Sex:	Provincial Health Card Number: 12355811998AZ
Address:		Telephone Number:	

MY PROFILE Settings
Name
Sky Urs
Sky
Middle Name
Urs
Address
Email
Phone

7. Right-click on the “check mark” to select the correct option when required. Right-click where you want to place the check mark. You can interchange between text and check marks by clicking which you want to use.

Family/Relationships		
Marital Status: ___ Single ___ Married ___ Common-law ___ Divorced ___ Widowed		
Does client have dependent children?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, do they have access to adequate childcare while client is in treatment?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	Husband is at home to help with children while I participate in the program
Are the children in care?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Applicable	Children are at home doing online learning
Does the client have other dependants?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Provide information on applicants children or other dependants:		
Name	Age	Relationship
First Name & Last Name	10	Daughter

8. To make text smaller or larger, click on the text you’ve typed. A box will appear with a small “A” and a bigger “A”. Click either one until it fits into the box. To ensure sentences do not go outside of the box, press enter to continue the sentence on the line below.

Family/Relationships		
Marital Status: ___ Single ___ Married ___ Common-law ___ Divorced ___ Widowed		
Does client have dependent children?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, do they have access to adequate childcare while client is in treatment?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	Husband is at home to help with children while I participate in the program
Are the children in care?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Applicable	Children are at home doing online learning
Does the client have other dependants?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Provide information on applicants children or other dependants:		
Name	Age	Relationship
First Name & Last Name	10	Daughter

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Fill & Sign Sign

Family/Relationships

Marital Status: Single Married Common-law Divorced Widowed

Does client have dependent children? Yes No

If yes, do they have access to adequate childcare while client is in treatment? Yes No Not Applicable

Are the children in care? Yes No Not Applicable

Does the client have other dependants? Yes No

Provide information on applicants children or other dependants:

Name	Age	Relationship
First Name & Last Name	10	Daughter

Press "Enter" on the keyboard to keep the text in the box.

Husband with children who participate in the program

Children are at home doing online learning

MY PROFILE Settings

Name Sky Urs

Middle Name Urs

Address

Email

Phone

9. Continue this until ALL fields are completed on the application.

10. When a signature is required please click on "Sign" on the top of the screen.

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Fill & Sign Sign

I understand that any other information will not 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 I can withdraw my consent to the release/request of information at any time and that in any event this form will be void ninety (90) days from the date of my signature.

Client Signature	Date:
Referral Signature	Date:
When, in the opinion of the healthcare provider, the physical and/or mental condition of a client prevents him/her from having the ability to understand the subject matter in respect of which consent is requested and from being able to appreciate the consequences of giving or withholding consent, authorization for disclosure of the information may be given by the client's next of kin.	
Signature of authorized person to sign in lieu of client	Print Name

MY PROFILE Settings

Name Sky Urs

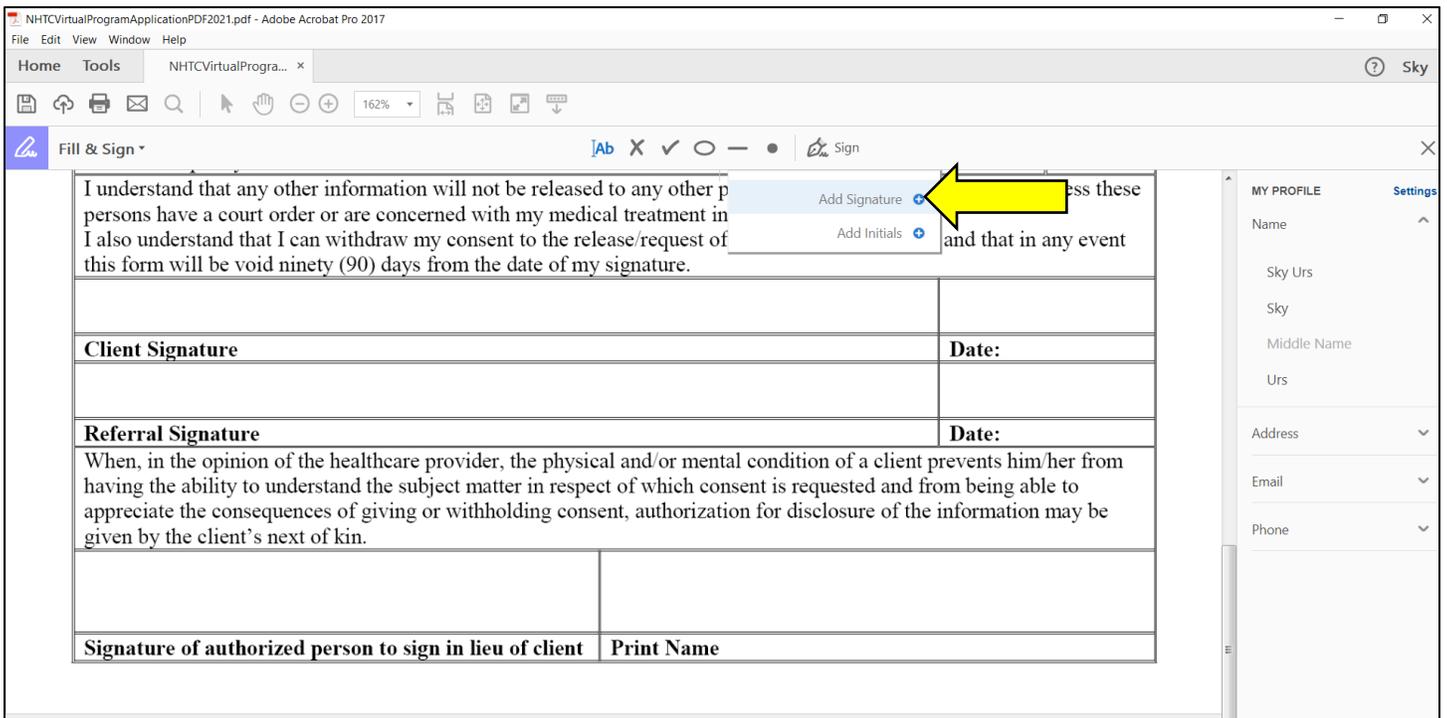
Middle Name Urs

Address

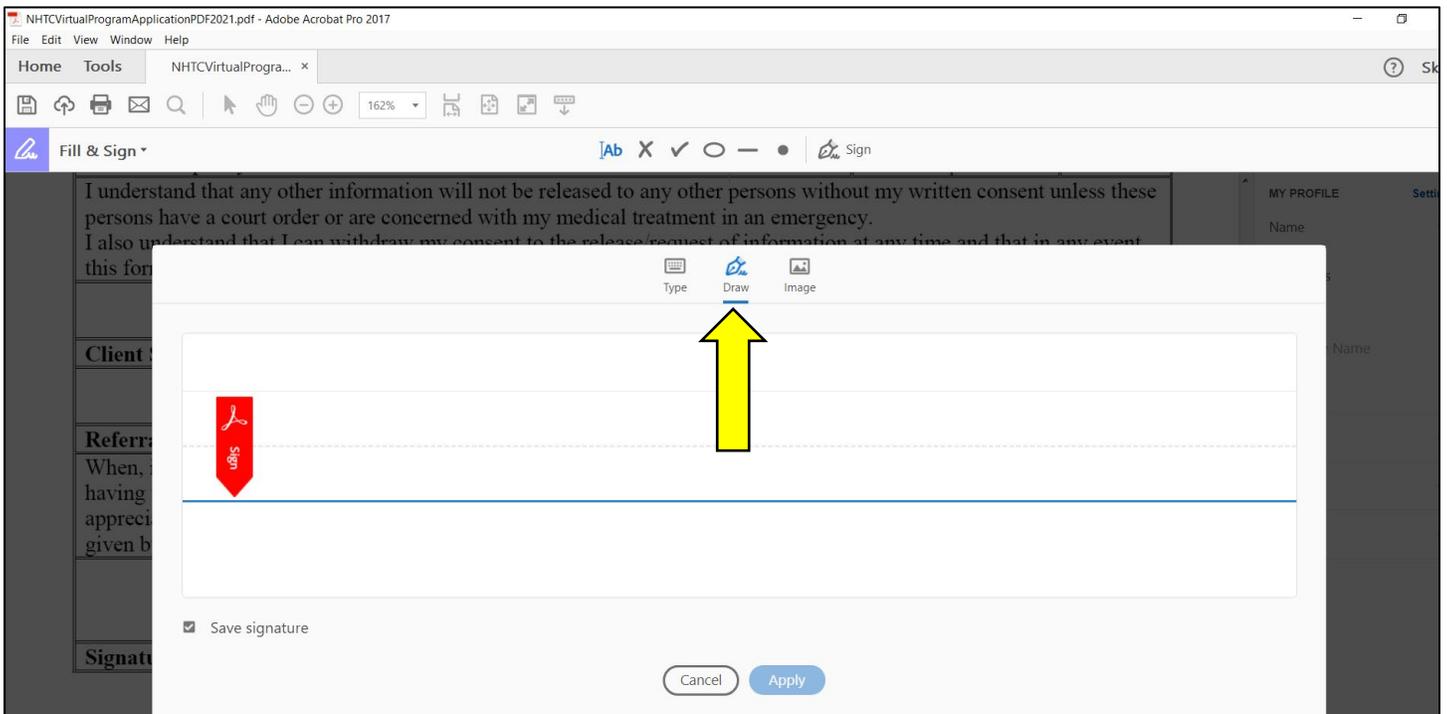
Email

Phone

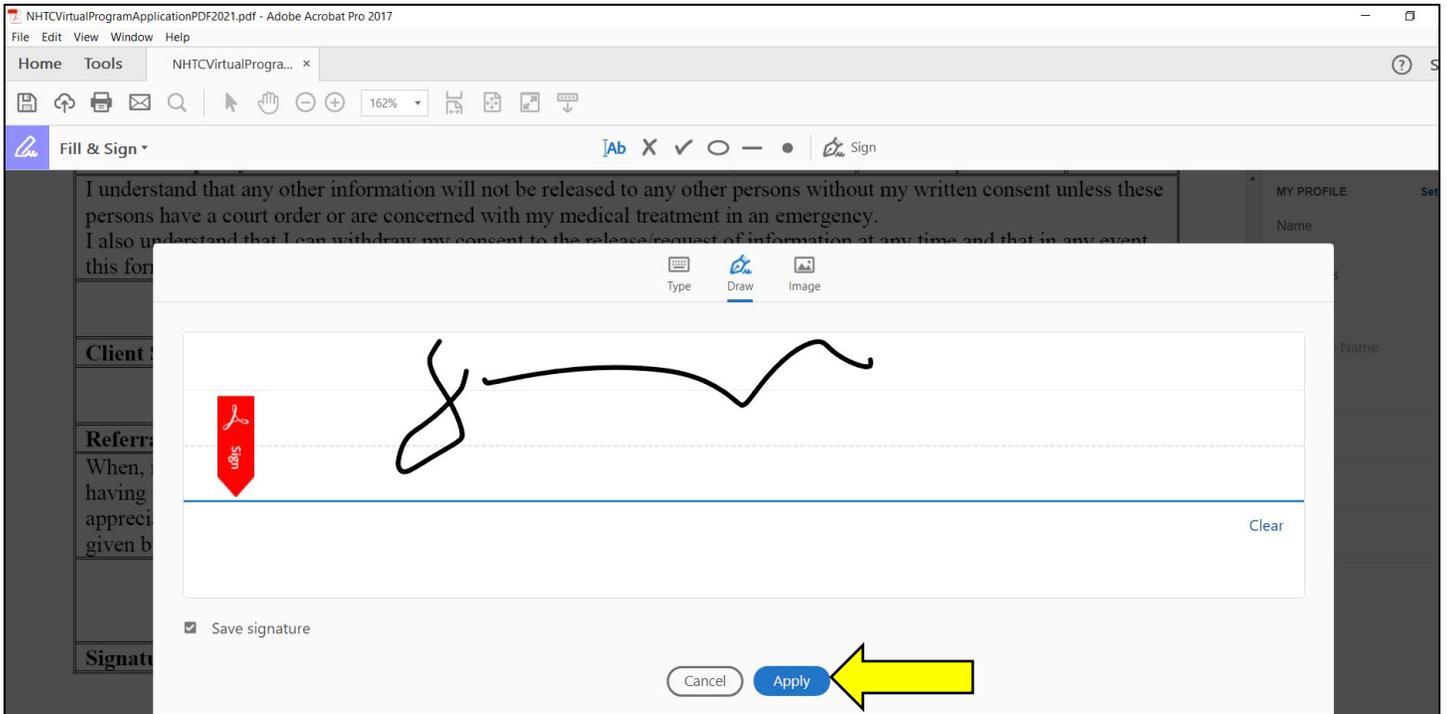
11. A drop-down menu will appear. Click on “Add Signature”



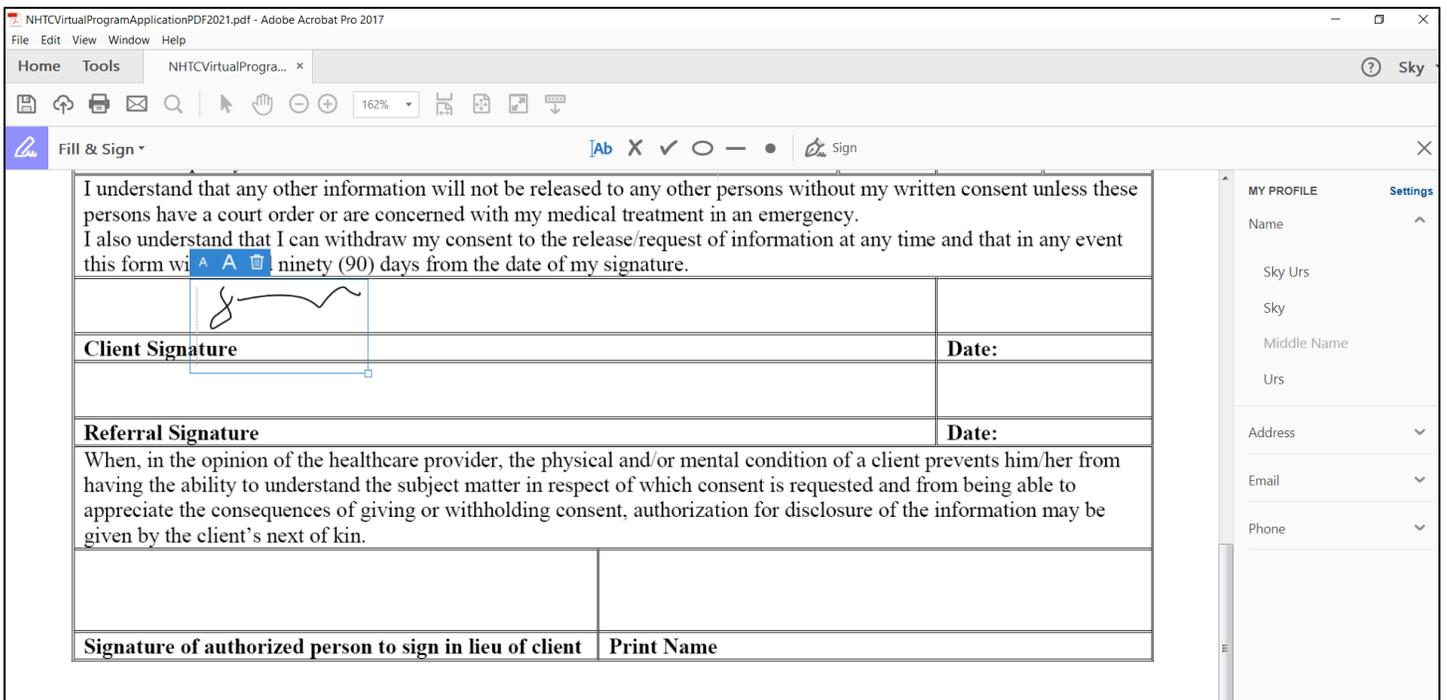
12. A new box will appear. Click on “Draw”



13. Right-click and hold while you create your virtual signature. Release the right-click when finished. Then click “Apply”



14. Right-click, hold and drag your signature box to the appropriate space.



15. Once you begin the DUSI-R and Native Wellness Assessment, please click on the “Highlighter” on the top of the screen. This will enable the *highlight* feature. Right-click, hold and drag to create the line for each answer. Please remember, each question requires **only one** answer.

DUSI-R
Drug Use Screening Inventory-Revised

Adult Past Year Time Frame Name: _____

Ordinarily, how many times each month have you used each of the following drugs in the past year? Please only circle ONE answer for each question.

Alcohol	0 times	1-2 times	3-9 times	10-20 times	more than 20 times
1. Beer, Liquor, Wine	0 times	1-2 times	3-9 times	10-20 times	more than 20 times
2. Non-Potable Alcohol: Hairspray, Sanitizer, Mouthwash, Aftershave	0 times	1-2 times	3-9 times	10-20 times	more than 20 times
Stimulants	0 times	1-2 times	3-9 times	10-20 times	more than 20 times
3. Cocaine, Uppers, Khat	0 times	1-2 times	3-9 times	10-20 times	more than 20 times
4. Methamphetamine: Crystal Meth	0 times	1-2 times	3-9 times	10-20 times	more than 20 times
5. Methamphetamine: Ice/Glass	0 times	1-2 times	3-9 times	10-20 times	more than 20 times
6. Methamphetamine: Speed	0 times	1-2 times	3-9 times	10-20 times	more than 20 times

		DK Don't Know	0 Do Not Agree	1 Agree a Little	2 Kind of Agree	3 Mostly Agree	4 Strongly Agree
1	I can see my loved ones who have gone on, or ancestors, in dreams or ceremony.	DK	0	1	2	3	4
2	My Native culture fuels my desire to live a good life.	DK	0	1	2	3	4
3	I believe that the Creator is the source of all life.	DK	0	1	2	3	4
4	My relationship to the land I come from is important.	DK	0	1	2	3	4
5	I feel comforted when I participate in cultural activities and ceremonies.	DK	0	1	2	3	4
6	I feel a need to connect with my spirit.	DK	0	1	2	3	4
7	My Native language is a sacred language.	DK	0	1	2	3	4
8	Knowing the names in the generations of my family is important for my identity.	DK	0	1	2	3	4

16. If you make a *highlighter* mistake, right-click on the highlighted area then left-click. A pop-up menu will appear. Click “delete” and then highlight the correct answer.

The screenshot shows a PDF document with a survey table. The table has 8 rows and 7 columns. The columns are labeled: DK (Don't Know), 0 (Do Not Agree), 1 (Agree a Little), 2 (Kind of Agree), 3 (Mostly Agree), and 4 (Strongly Agree). A yellow arrow points to the 'DK' cell in row 2, column 1. A context menu is open over this cell, with 'Delete' selected. The menu options are: Open Pop-Up Note, Reply, Delete, Set Status, Copy Text, Enable Text Selection, Show Comment App, Open All Pop-Ups, Minimize Pop-Ups (Ctrl+7), Make Current Properties Default, and Properties... On the right side of the window, there is a 'Tools' panel with various options like 'Create PDF', 'Edit PDF', 'Export PDF', 'Comment', 'Organize Pages', 'Enhance Scans', 'Protect', 'Fill & Sign', 'Prepare Form', 'Compare Files', and 'More Tools'.

		DK Don't Know	0 Do Not Agree	1 Agree a Little	2 Kind of Agree	3 Mostly Agree	4 Strongly Agree
1	I can see my loved ones who have gone on, or ancestors, in dreams or ceremony.	DK	0	1	2	3	4
2	My Native culture fuels my desire to live a good life.	DK				3	4
3	I believe that the Creator is the source of all life.	DK				3	4
4	My relationship to the land I come from is important.	DK				3	4
5	I feel comforted when I participate in cultural activities and ceremonies.	DK				3	4
6	I feel a need to connect with my spirit.	DK				3	4
7	My Native language is a sacred language.	DK	0	1	2	3	4
8	Knowing the names in the generations of my family is important for my identity.	DK	0	1	2	3	4

17. Once all information is completed, save your document. E-mail it to intake@nhtc.ca to begin the intake process.

We, the staff at Native Horizons Treatment Centre are committed to the continued healing of our communities!