



Application for Mobile Treatment



Kanaweyimik Child & Family Services is partnering with Poundmaker Lodge to provide an addictions treatment program in the Battlefords in the New Year. The mobile treatment program is 6 weeks long; delivered in phases 2 weeks in session followed by a 1-week break; then another 2-week session followed by a 1-week break; and a final 2-week session. The Mobile program is a day program and participants can continue to live at home while they attend the program. Transportation and childcare can be arranged for those needing these supports.

An After Care program "Warrior" program will follow for those individuals that complete the 6-week mobile program. The Warrior program is 14 weeks and a day program where individuals can live at home while they attend the program. Transportation and child can be arranged if needed.

If you are interested in attending this program, please see the Addictions Worker or Mental Health Counsellor at your health clinics; or you can call Kanaweyimik at **306-445-3500** and ask for the one-page application form; complete the form and leave with the Addictions Worker or Mental Health Counsellor or drop off at Kanaweyimik main office.

Kanaweyimik Child and Family Services

91 23rd Street

Battleford, Saskatchewan

S0M 0E0



Application for Mobile Treatment



1. Application form and signed by client.

Legal Name (last, first, middle)			
Other Name(s) Used:		Other Last Name Used:	
Date of Birth (yyyy-mm-dd)	Treaty Number	Age	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender
Mailing Address:		City/Town:	
Street Address:		Postal Code:	
Primary Phone:		Secondary Phone:	
If you do not have a phone, where can we contact or leave a message for you?		Email:	
Marital Status (Please check one box only): <input type="checkbox"/> Single/Never married <input type="checkbox"/> Common Law <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed			
Is childcare required for you to participate in mobile treatment? YES NO		Do you require transportation to participate in mobile treatment? YES NO	
Next of Kin to be notified in case of emergency		Relationship to applicant	
Primary Phone Number:		Secondary Phone Number:	

Please describe in detail your alcohol, other drug use and/or gambling

What substances do you primarily use?
What do you use most often? Pattern of use (e.g. daily, binge)
How long have you used this substance?
Any medical concerns/conditions? If yes, please identify.
Are you on any medications, please list.

Client signature:
