



adeara

Admission Application & Service Contract

Before starting, please read carefully

- Submitting this application does not guarantee a bed at Adeara. This is the first step of application.
- Please answer **EVERY QUESTION**. Write "not applicable" if the question does not apply to you.
- Please write **CLEARLY** and **LEGIBLY**.
- Ensure all pages are emailed/faxed in order. An email will be sent to you advising you when we have received your application.
- If this application has been printed off and completed on paper, please send this document as one file (PDF formatting). Any missing pages will require you to resubmit the Application and Service Contract as a whole. **Photographs of application will not be accepted.**



Personal Information

First Name

Last Name

Date of birth - (yyyy-mm-dd)

Age

Email

Marital status ☐ Single ☐ Dating ☐ Married ☐ Divorced ☐ Widowed ☐ Common law

Phone Number

Who does this number belong to?

Alternative phone number

Who does this number belong to?

Current living situation

What culture do you identify with? (e.g., Caucasian, Asian, Indigenous, etc.)

How did you hear about Adeara?

☐ Friends ☐ Family ☐ Online ☐ Treatment Center

☐ Other
(Please
Specify)

Substance Use

Drug of choice	Date of last use	Age of first use	Pattern of use (how often, how much, etc)
1 st			
2 nd			
3 rd			
4 th			
5 th			

Are there any other addictions you struggle with?

☐ Gambling ☐ Sex ☐ Porn ☐ Internet ☐ Eating Disorder ☐ Food Addiction ☐ Shopping ☐ Relationships

☐ Others



Treatment History

Have you been to treatment before? ☐ Yes (If yes, please complete the chart below.) ☐ No

Treatment Centre Name	Approx. Dates	Completed Program? Y/N	What were the circumstances that led to your relapse? (e.g. relationship, bad news)

Why do you want to attend residential treatment at Adeara?

Health

Do you have any special needs we need to be aware of (mobility access, vision/hearing impairments, etc.)?

Do you have any allergies (foods, medication, environmental)?

Do you have a family doctor? ☐ Yes ☐ No

If yes, what is your family doctor's name?

List ALL medications you are taking, including over-the-counter drugs: vitamins, herbal medicines, Tylenol, etc.

Note: Adeara does not allow Methadone or Sublocade. Speak to Intake Coordinator for further information.

Do you have any MEDICAL conditions (communicable diseases, etc.)?

Do you have any MENTAL HEALTH conditions (list or describe)?

Have you ever been professionally diagnosed (by a psychologist, psychiatrist, counselor)? If yes, when and what was the diagnosis? By whom?

Are there any medications that you are currently taking for your mental health? Please specify your medication(s).



Family

Do you have children? ☐ Yes (If yes, please complete the chart below.) ☐ No

Child First & Last Name	Age	Gender	Where are they currently living?	Who has custody?
<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
<div></div>	<div></div>	<div></div>	<div></div>	<div></div>

Family (cont.)

Are you pregnant? ☐ Yes ☐ No Please include due date, if known.

Children ages 10 or younger may be eligible to live at Adeara once the mother has completed her stabilization period.

Are you interested in having your children at Adeara?

Any other pertinent information about your children?



Legal

Adeara houses women and children. The severity of your charge(s) will determine your acceptance to the program.

Are you currently incarcerated? If yes, what is your ORCA number?

Do you have a criminal record? If yes, what for?

Are you facing any current charges? If yes, what are the charges?

Clients with probation or parole orders be advised: Adeara will require a copy of your conditions prior to acceptance and/or entering the Adeara program

Are you currently on probation? If yes, what are the conditions of your probation?

Are you currently on parole? If yes, what are the conditions of your parole?

Legal (cont.)

Do you have upcoming court dates? If yes, when are your court dates and what are they regarding?

Do you have a lawyer? Please include their first and last name and phone number.

Please check “yes” to give consent to an Adeara Staff to contact the lawyer listed above and discuss intake details (if necessary):

☐

Yes, I give my consent

☐

No, I do not give my consent

Additional notes / information:



Miscellaneous

Do you have a Support/Social Worker? If yes, please provide their name (first and last) and phone number so we may contact them regarding your application.

Do you currently owe any debts? Please specify approximately how much:

Do you have any gang affiliation?

Do you have any family or friends with gang affiliation? Please elaborate.

Have you faced any of the following barriers? Check all that apply.

☐

Education/literacy barriers

☐

Employment barriers/lack of job skills

☐

Food insecurity

☐

Trauma (in past year)

☐

Poverty

☐

Trauma (in lifetime)

☐

Housing insecurity/homelessness

☐

Incarceration

☐

Mental health issues

☐

Violence/abuse

☐

Others

Is there any other information you believe is important for Adeara to know?



adeara

Service Contract

Description of Residential Addiction Treatment Services

Program Services and Philosophy

Adeara Recovery Centre (Adeara, pronounced “a-deer-a”) is a faith-based, accredited, long-term residential recovery centre for women struggling with addiction (and their children when possible). Residents learn to rebuild their lives and find the strength to heal physically, mentally, emotionally, socially and spiritually. Our holistic program is customized for each individual. Adeara is an abstinence-based program, meaning there is a zero drug and alcohol use policy.

Residents at Adeara participate in three classes per day, Monday–Friday. All programming stems from a Christian faith, meaning attendance at church, bible classes, and devotions are a part of programming at Adeara. With this in mind, it is not a requirement for clients to have a Christian faith while at Adeara. Please see [Adeara’s website](#) for further details about [other classes offered](#). Residents are provided with education, group therapy, and life skills development. A program calendar is given out monthly with further class details (class times and types).

Accommodations

Each resident has their own private room, and subject to availability, their own kitchenette and bathroom. In some circumstances, a resident may share a kitchenette and bathroom with one other resident. All bedrooms/suites come fully furnished, and kitchenettes/kitchens have applicable appliances.

Meals and Chores

No meals are provided for residents. Residents are given the opportunity to purchase food from nearby grocery stores to keep and prepare in their kitchenettes. This is an additional cost incurred by the resident. Occasionally, food donations are offered to residents. Residents are required to maintain a clean living space and participate in daily chores, which include cleaning general shared areas such as hallways, etc.

Amenities

Residents have access to the following amenities (see Resident Manual for approved times of use):

- One shared living room, equipped with a television
- Computer lab (available to residents after stabilization period is lifted)
- Phone for business and personal use
- A CD player or preformatted MP3s



Terms and Conditions for Receiving Services

A woman interested in receiving services from Adeara must struggle with addiction and have a desire to change and live a life in recovery. Once admitted to the Adeara program, a resident is expected to abide by the rules of Adeara, participate in programming (e.g., attend daily classes), and demonstrate a strong willingness to work on her recovery. **Any children residing with their mother must be under the age of 10 upon intake date.** Residents are given a Resident Manual upon entry into the program that provides in further detail all terms and conditions for receiving services. Consistent failure to abide by the rules of Adeara will lead to dismissal from the program.

The following five Grounds for Dismissal may result in IMMEDIATE dismissal from the program and termination of services:

1. IMMEDIATE dismissal for the use of drugs or alcohol while in the Adeara program and/or if drugs, alcohol or weapons are brought on Adeara property.
2. IMMEDIATE dismissal for engaging in any form of intimate relationship, sexual contact, or sexual conduct during residency at Adeara (inside or outside of Adeara property).
3. IMMEDIATE dismissal for breaching court orders.
4. IMMEDIATE dismissal for smoking inside the building.
5. Abusive behaviour of any kind will not be tolerated and may result in an immediate dismissal.

Additional Program Rules

Please initial the box next to each statement below to confirm you have been made aware of the following rules

(this list is not exhaustive and is subject to change upon management discretion):

- | | |
|---|---|
| <input type="checkbox"/> I am willing to make a minimum 1-year commitment to my recovery. | <input type="checkbox"/> I am aware the use of sexual paraphernalia is prohibited and will be confiscated if brought into centre upon intake. |
| <input type="checkbox"/> I am aware there is a 60-day stabilization period (staff accompanied appointments, some outings integrated into the last 30 days of stabilization). | <input type="checkbox"/> I am physically capable of participating in programming (multiple flights of stairs in building, attend fitness 2x/week). |
| <input type="checkbox"/> I will be medically detoxed and able to pass a drug test upon entry of the program. | <input type="checkbox"/> I am aware that residents are subject to random drug testing and room searches. |
| <input type="checkbox"/> I have not taken any of the medications on Adeara's "not approved" medication list (page 10) | <input type="checkbox"/> I am willing to have bags checked for entry back into the building. |
| <input type="checkbox"/> Suboxone is permitted with approval from the Intake Coordinator PRIOR to admission. I have noted my dosage in the medication section of application. As per the medication list (page 10), Methadone is not allowed at Adeara. | <input type="checkbox"/> I am aware of and agree to participating in Christian programming and classes. |
| <input type="checkbox"/> I am aware I must have a current ID before entering the program. | <input type="checkbox"/> The use of my own vehicle is not permitted at Adeara. Income Support includes an allotment for public transit pass and residents are to use such monies for transportation services. |
| <input type="checkbox"/> I am willing to have all medications transferred to Adeara's partner pharmacy. | <input type="checkbox"/> I am aware of the no-pets policy at Adeara. |
| <input type="checkbox"/> Prescriptions must accompany ALL medication (on pill bottle is fine). This includes vitamins, herbal, and protein supplements. Any additional questions regarding medications can be directed to the Intake Coordinator. | <input type="checkbox"/> I am aware that all residents have access to an Indigenous/Cultural resource person at Adeara. |
| <input type="checkbox"/> I am aware I will be required to get blood work completed prior to intake. Further information provided upon acceptance into programming. | <input type="checkbox"/> I am aware Adeara is a non-smoking facility. This includes vaping. Smoking cessation products are available to residents to assist in quitting process. |
| <input type="checkbox"/> I am on AB Works (proof required). I am able to pay prorated 1st month rent and \$500 Damage Deposit on intake day.w | <input type="checkbox"/> I am aware I must provide at least one safe emergency contact who may be notified upon arrival and exit of the program. |
| <input type="checkbox"/> Upon arrival, I am willing to consent to third party payments from Income Support (AB Works sends a cheque to Adeara monthly for rent). | <input type="checkbox"/> Upon intake, I am willing to see a physician and/or dentist to ensure my wellbeing. |
| <input type="checkbox"/> I am aware cell phones are prohibited for a minimum of 6 months, at which time usage may be permitted with counsellor discretion. After 6 months, there are specific times phones can be used for calls and text messages only. No social media. | <input type="checkbox"/> Should it become apparent that I need medical and/or mental health assistance, Adeara may request that I see a physician or psychiatrist. |
| <input type="checkbox"/> I agree to not be participating in any form of romantic/sexual/intimate relationships as long as I am a client of the Adeara program and residing at Adeara. | <input type="checkbox"/> I am aware that Adeara is an intensive treatment program that requires active participation in every class. |
| | <input type="checkbox"/> I am aware that I am required to sign a Consent for Services at intake. |
| | <input type="checkbox"/> I am aware that I must declare any real, potential, and perceived conflicts of interest. |



Incarcerated Women

This section only applies to women who are presently incarcerated. Please note the following steps:

1. Please include a formal letter from your lawyer or incarceration facility outlining your charges when submitting your application.
2. After submitting the Application, you will be added to the application list, and the Clinical Team will review your application.
3. Should you be accepted to Adeara Recovery Centre, a letter will be sent to your lawyer with an intake date.
4. Your lawyer will then inform the Court at the next proceeding of your acceptance to Adeara Recovery Centre. Adeara emphasizes holistic treatment. Therefore, we request that women coming from incarceration have a condition to remain at Adeara and meet or call their probation officer at least once per month for six months while attending Adeara programming.
5. If the Court releases you to Adeara Recovery Centre, a letter from the lawyer must be sent to Adeara with your Conditions of Release.

Please note:

Adeara houses women and children. Therefore, the severity of your charges will determine your acceptance to the program. Those with violent charges will not be accepted at Adeara.

If the Court releases you to Adeara and you do not fulfill your Conditions of Release (leave Adeara prior to timeframe stated on your Conditions of Release), the authorities will be contacted. Adeara will contact the Edmonton Police and your Parole/Probation Officer (if applicable) to advise them you have breached your Conditions of Release and are no longer in the program.



Form continues on next page

Complaints About Services

Once admitted, residents have access to conflict resolution and written grievance procedures. Upon intake, all residents are informed of their rights and receive a copy of the Advocacy, Conflict Resolution/Grievance Policy. Residents are made aware that any grievance submitted will be recorded privately in their file and reviewed by the Executive Director.

Critical Incident Contacts

A Critical Incident means an incident causing death to a client or a service provider while receiving services or within two months after services cease.

In the event of a Critical Incident, my emergency contact person is:

First and Last Name

Relationship to Resident

Phone number

Email

Qualifications of Service Provider

Our staff are passionate about what they do and are committed to serving the women and children at Adeara with love, compassion, dignity, respect, integrity and accountability. All counselling staff fulfill the professional requirements for addiction counselling through The Association of Counselling Therapy of Alberta (ACTA). Adeara has Support Workers on staff 24/7/365. Support Workers have First-aid Training, Addictions Training, Trauma-informed Training, Indigenous Awareness training and other work-related training. A complete list of training that Adeara staff participate in is available upon request.

Program Costs

Rent at Adeara is based on a sliding pay scale reflective of what each resident is receiving from Income Support. **Women coming into programming must be on AB Works before entry to Adeara, able to pay 1st month prorated rent (this means \$20 per day from your intake day to end of your 1st month) and \$500 Damage Deposit on intake day.** Please see Rental Agreement for further information.



Form continues on next page

Permitted & Restricted Medications List

Note: This list is not exhaustive. Other medications may be subject to restriction.

PERMITTED

Doctors' Note or Pharmacist Approval Required for:

- Vitamins
- Melatonin
- Dimenhydrinate (not to be used chronically)
- Buprenorphine and naloxone (Suboxone)

ADHD

- Atomoxetine (Strattera)



NOT PERMITTED - RESTRICTED (Not Allowed)

Opioid

- Codeine & Codeine-containing products (eg. Tylenol #3)
- Morphine (Kadian)
- Fentanyl
- Methadone (Metadol)
- Buprenorphine (Sublocade Injection)
- Hydromorphone (Dilaudid)
- Oxycodone (Percocet, OxyNeo)
- Meperidine (Demerol)
- Tapentadol (Nucynta)
- Tramadol (Zytram, Ralivia, Tridural)
- Pentazocine (Talwin)
- Propoxyphene (Darvon)
- Dimenhydrinate (not to be used chronically)

Benzodiazepines:

- Alprazolam (Xanax)
- Bromazepam (Lectopam)
- Lorazepam (Ativan)
- Oxazepam (Serax)
- Temazepam (Restoril)
- Triazolam (Halcion)
- Chlordiazepoxide (Librium)
- Clonazepam (Rivotril)
- Clorazepate (Tranxene)
- Diazepam (Valium)
- Flurazepam (Dalmane)
- Nitrazepam (Mogadon)

Stimulants:

- Dextroamphetamine (Dexedrine)
- Amphetamine Mixed Salts (Adderall XR)
- Methylphenidate (Ritalin, Concerta Biphentin)
- Lisdexamfetamine (Vyvanse)

Sleep Aids:

- Zolpidem (Ambien or Sublinox)
- Zopiclone (Imovane)

Miscellaneous:

- Nabilone (Cesamet)
- Dronabinol (Marinol)
- Medical Cannabis or otherwise
- Dextromethorphan (DXM or DM)



Form continues on next page

Rental Agreement

Source of Income

What is your source of income? (E.g., Income Support, Inheritance, Pension, Employment Insurance, Spousal Maintenance, etc.)

What type of Income Support are you on? If unknown, call AB Works to find out. E.g., Expected to Work (ETW), Barriers to Full Employment (BFE), Assured Income for the Severely Handicapped (AISH). **Note: 1st month prorated rent and \$500 damage deposit will be required on intake day.**

What is your Income Support file number (if known)?

Monthly Rent

Adeara Recovery Centre bases the monthly rent according to the Alberta Supports Rent Fee Schedule (see “Rent Fee Schedule 2022-23” in next section). Automatic third-party payments from Income Support pay monthly rent.

Damage Deposit

Adeara charges a damage deposit of \$500 for each resident’s bedroom, kitchenette, and bathroom. Income Support may pay your damage deposit if you have not used it in the last 3 years.

Without written confirmation that this payment will be made by Income Support or if you are not on Income Support, you will be required to pay your damage deposit on intake day. The damage deposit will be returned as long as you give 30-day notice in writing on the 1st of the month and your bedroom or suite is in good condition (no damage, cleaned).

Note: Residents dismissed from the program or residents that choose to leave unexpectedly (no written 30-day notice) DO NOT receive their damage deposit back. Instead, this amount is used for the administrative costs of closing your file, paying staff to clean your bedroom or suite, and covering the cost of the unexpected vacancy.

Book Fee

All material and books used in programming assists residents in their recovery and prepares them for employment readiness opportunities. A portion of books are the property of Adeara and a portion of books will be the property of the resident. A one-time \$200 book fee is required, which covers the resident books and schooling amenities (binder, paper, pens/pencils, etc.) while at Adeara. Adeara staff will go over this with you upon intake.

Rent Fee Schedule

Adeara Recovery Centre uses a sliding pay scale based on AB Works Income Support. The column below shows what Adeara Recovery Centre charges for monthly rent, and programming costs.

MONTHLY PROGRAM FEE (\$)			
	<i>Expected to Work</i>	<i>Barriers to Full Employment</i>	<i>AISH</i>
Single	\$545	\$666	\$799
1 Child	\$823	\$944	\$849
2 Child	\$943	\$1,064	\$899
3 Child	\$1,064	\$1,188	\$949

OTHER COSTS		
Damage Deposit (One Time)	\$500	Bedroom, living room, kitchen, bathroom
Textbook Fee (One Time)	\$200	3 classes/day & contribute to employment readiness

Note:

- Adeara does not charge for children until they are 1 year of age.
- Rates for each floor (1st, 2nd and 3rd) are the same.



Application & Service Contract Signature

☐

(Initial) I ensure that all the information I am giving in this application is true. I understand that if any of the information that I have given is found false (or pertinent information omitted), it will result in loss of eligibility to or dismissal from the Adeara program.

I have read in full and agree to the terms of services outlined in the Service Contract. By signing below, I am agreeing to the terms and services at Adeara Recovery Centre:

First and Last Name

Signature

Date signed - (yyyy-mm-dd)

EMAIL THIS COMPLETED DOCUMENT TO intake@adeara.ca OR FAX 780-429-1090.

*If an incomplete Admission Application & Service Contract is sent, your application will NOT be processed.
Both sections must be completed.*

Next steps

- You DO NOT need to call Adeara to confirm your application has been received.
- It is your responsibility that Adeara has your correct contact information (phone/email). Please call Adeara if your contact information changes.
- Completing this Admission Application & Service Contract does not mean you have a bed or are accepted into the program.
- When a bed becomes available, the Clinical Team goes through an assessment process to determine which applicant will be brought into the program. This is done from a triage perspective.

FOR OFFICE USE ONLY

Date - (yyyy-mm-dd)

Resident Name (First and Last Name)

Resident Signature

Witness Name

Witness Signature

Date - (yyyy-mm-dd)

Resident Name (First and Last Name)

Resident Signature

Witness Name

Witness Signature