Baldy Hughes Therapeutic Community & Farm
Application for Admission

Thank you for taking the time to inquire and learn about Baldy Hughes Therapeutic Community & Farm!

Baldy Hughes is a therapeutic community and fully operational farm, located approximately 30KM south-west of Prince George, BC. Our community provides men recovering from addiction, an accessible, up to one year long residential program. Successful applicants are given a unique opportunity to regain their physical, emotional, and spiritual well-being, and remove barriers to their long-term health. Our structured and strict program combines work roles, education, clinical therapy, and healthcare support as a platform to empower men to reclaim their lives. Our residents come from across Canada and beyond and is a community of like-minded individuals living and working together to help operate this unique program set in a beautiful, natural, rural environment.

The first step in applying for admission to Baldy Hughes is completing this application package. Our application and screening process are thorough to ensure that our program is a fit for our residents. Our Admissions Coordinator will assist you throughout the application process and we aim to respond to all fully completed application forms as soon as possible once it is received. Upon approval, admissions are accepted Monday-Thursday 9am to 3pm.

We wish you well in your journey to lifelong sobriety and hope to have you become a member of our community soon.

Phone: 250.964.3136 ext. 200 / Website: www.baldyhughes.ca

Fax Applications to: 250.964.3162 (Attention: Admissions Coordinator)

Email: reception@baldyhughes.ca

Application Guidelines & Program Facts

We have specific clean time requirements at Baldy Hughes which you must discuss with our Admissions Coordinator at application time and prior to admission. Our facility is not medically equipped or staffed to deal with serious detox cases. **Given our remote location, prospective residents should be medically, physically and mentally stabilized before they come to Baldy Hughes.**

Eligibility requirements to come to Baldy Hughes:
Our Admissions Coordinator will work with prospective residents to ensure they properly complete the application package, understand and meet our admission requirements. In general, new residents:

- must be willing to commit to a long-term treatment program, depending on the resident, this can be up to one year
- must not be on any Benzodiazepines, Methadone, Narcotics or Synthetic Narcotic medications
- must have approved funding in place before entry
- must be of legal age in B.C. – 19 years of age
- must bring a two-week supply or fax prescription(s) for medication(s) ordered by Physician prior to arrival
- must have approved Medical Services and medication coverage

Do I need to be referred to Baldy Hughes?
No, self-referrals are accepted, in addition to agency referrals. A Physician must complete the Pre-Admission Medical Evaluation forms.

Residents are personally responsible for their own clothing and are expected to bring sufficient clothing for an entire year and appropriate for all seasons, ranging from a sub-zero temperature winter to a hot, dry summer.

T**he cost of the program:**
We accept funding through the Ministry of Social Development, which covers the entire cost up to twelve months and supplies a monthly Comfort Allowance of $95 if the resident is on Basic Ministry Assistance and $274 for residents on PWD Ministry Assistance. Baldy Hughes self-pay rate is $3,000.00 CDN per month of treatment. Upon admission a self-pay resident must secure one month of funding. A plan for payment must be pre-approved by the Admissions Coordinator prior to admission. Residents on Medical EI, Pension or Workplace Benefits would pay 80% of their monthly income (minimum $1,000 maximum $3,000.00 per month). Baldy Hughes does not refund resident fees except in the case of a planned discharge with Thirty days' written notice of withdrawal. No refunds are provided for a partial month. Refunds are made only to the person or organization that directly paid the invoice.

Canteen Accounts:
All basic needs are provided to residents by Baldy Hughes. Residents make their own choices in purchasing basic needs of their own preference from the canteen service, which includes tobacco, toiletries, and snacks. Residents are given access to their bank cards to add funds to their account. There is a no cash on hand policy. If a resident arrives with money or has money mailed, it can either be put onto their store account or securely stored. Cheques can be deposited at Baldy Hughes and used for spending at the Canteen Store, or securely stored. Funds may also be added to resident's accounts by credit card either on site or over the phone. Sorry, email money transfers cannot be accepted.

Resident Information & Application Form

Referral Date: _____ (To be completed by resident and/or by referral agent)

How did you learn about Baldy Hughes? Check as appropriate:

__Website __Word-of-mouth __Television __Online Search __Previous Referral __Friend/Family __Professional

Applicant Information:

Name: _____ _____ _____
First Middle Last

Prefers to be called: _____

Address: _____
Apt # Street City Province

Home Phone: _____ Mobile/Alternative: _____

Is it okay to speak to another member of household? ☐ Yes ☐ No

Is it okay to leave message? ☐ Yes ☐ No

PHN# (Care Card): _____

Date of Birth: _____
MM DD YYYY

Status#: _____

Highest Level of Education Completed: _____

Emergency Contact Name: _____

Relationship: _____

Contact Numbers: _____ Alternate: _____

Referral Information:

Referral Agent's Name: _____

Name of Organization: _____

Address: _____

Telephone: _____ Fax: _____

Email: _____

Psychiatrist/Family Physician: _____ Agency: _____

Telephone: _____ Fax: _____

Authorization for Release of Information

I hereby permit the exchange of information between the Baldy Hughes Therapeutic Community & Farm staff and: Physician, Psychiatrist, any mental health office, referral agent/Case Worker, Pharmanet, any friend or family members assisting with application, Health Records Departments or any other medical staff involved in my care. This consent will expire in twelve months from the date below.

_____
Applicant Print Name

_____ _____
Applicant's Signature MM DD YYYY

- **Note: If the above consent is not signed, this application will not be process**

Funding & Fees Information

Please select the appropriate method(s) of funding below. If you are unsure of the amount of funding available, please leave blank.

FUNDING SOURCE	DESCRIPTION	MONTHLY INCOME AMOUNT
☐ First Nations Health Authority		
☐ Employment Insurance (EI)		
☐ Pension		
☐ Self-Pay- Payable upon intake by cheque, credit card or debit		
☐ Employer Extended Benefits		
☐ Income Assistance		
☐ Mental Health Addiction Services		
☐ Other		

This section needs to be completed only if the Ministry of Housing and Social Development will be covering the cost of your recovery and fax it back to our office at 250-964-3162. If you do not have an open file with the Ministry, please phone the Admissions Coordinator at Baldy Hughes for further instruction.

Clients Name: _____

Clients GA #: _____

Workers Name: _____

Agency I.D. # _____

Contact #: _____

Date Confirmed: _____

Client's Contribution: _____

IS THIS FILE EI PENDING? YES_____ NO _____

Ministry Stamp

Substance Use History

Substance	Frequency in Last 30 Days	Amount Per Use	Date of Last Use	Method	Number of Years Using
Alcohol					
Cannabis					
Cocaine/Crack					
Meth/Speed					
Heroin					
Synthetic Opioids (e.g. fentanyl)					
Benzodiazepines					
Inhalants (Nitrous, Amyl Nitrate)					
Hallucinogens (LSD, Shrooms)					
Club Drugs (XTC, GHB, Ketamine)					
Steroids					
Tobacco					
Others:					

Legal Status & History

Please indicate if you currently have any of the following legal circumstances:

☐ Parole ☐ Probation ☐ CSO ☐ Bail ☐ Charges Pending - For: _____

Probation Officer or Bail Supervisor / Office: _____

Phone: _____ Fax: _____

Upcoming court dates: _____

Have you ever been convicted for Arson, Murder or Sexual Assault? ☐ Yes ☐ No

If yes, please provide details: _____

_____

Sentence Length: _____ ☐ Conditional Sentence ☐ CSW ☐ Probation ☐ Incarceration

Legal History, please provide specific charges, offence date & sentence duration: _____

_____

_____

_____

Have you ever served Federal time? ☐ Yes ☐ No
If yes, have you reached warrant expiry? ☐ Yes ☐ No

I,_____ consent for Baldy Hughes Therapeutic Community & Farm to release and exchange any pertinent information regarding my legal history with any legal agencies associated with me (e.g., lawyer, probation officer, etc.)

_____ _____
Applicant Signature Date

- **Consent to release information MUST be signed or application will not be approved**

Pre-Admission Medical Evaluation (Page 1/3)

To be completed by Physician with Patient.

✸ **Tuberculosis testing is required. Please attach proof of negative result.**

Medical Concerns:	Date(s)	Treatment/Medication/Hospitalization Details:
☐ Cardiovascular ☐ Respiratory		
☐ Mobility Issues ☐ Surgeries		
☐ Head Injury ☐ Cognitive Impairment ☐ Seizures		
☐ Hepatitis ☐ HIV Infection		
☐ Diabetes - Specify Type 1 or 2		
☐ Dental		
☐ Other (please specify)		

Pre-Admission Medical Evaluation
Mental Health Information (Page 2/3)
To be completed by Physician with Patient.

Any Mental Health Diagnosis? Please Specify _____

_____

_____

_____

If there is a mental health Diagnosis, please provide: Axis, Hospitalization Dates/Treatment Details, Medications and Duration of Stability:

_____

_____

_____

Any Current Hallucinations or Delusional Thoughts? If so, please explain: _____

_____

_____

_____

History of Suicidal Ideations, Suicide Attempts or Self Harm?
If so, please provide: Axis, Hospitalization Dates/Treatment Details, Medication and Duration of Stability:

_____

_____

_____

Pre-Admission Medical Evaluation (Page 3/3)

To be completed by Physician with Patient.

Please fax prescription(s) for a two-week period to our pharmacy at 250-564-2517 provisional of being accepted.

******PLEASE PRINT CLEARLY******

Drug Allergies: _____Food Allergies: _____

TODAY'S DATE:_____ **PATIENT'S NAME:**_____

Medication	Instructions for Use	Quantity	Length of time on this medication

Prescribed OTC Medications:

Physician's Signature: _____CPSBC#:_____ MSP License #_____

Physician's Name, Please Print: _____ Telephone Number: _____

Items to be Brought to Baldy Hughes

MANDATORY:

- Clothing and footwear appropriate for all seasons – ranging from hot summer temperatures to sub-zero winter and snow conditions
- Toiletries (alcohol free)
- Two-week supply of prescription medications
- Alarm Clock
- Travel mug

RECOMMENDED:

- Pens, paper, and journal
- Free time activities such as, books, art supplies, musical instrument etc.
- MP3 player (no internet, photo/video capable devices)

DO NOT BRING:

- Clothing that contains alcohol/drug logos, sexist, racist, gang, homophobic propaganda
- Cell phone or any communication/recording device
- Aerosol products
- Tools
- Any consumable items
- Vitamins, supplements, powders (unless prescribed by Physician)
- Weapons
- Motorized vehicles
- Electronic cigarettes and related products

_____ _____

Signature Date

Exit Plan / Aftercare

The following plan will be put in place if the resident is discharged from Baldy Hughes before program completion.

Do you have safe accommodation after completion of our program? ☐ Yes ☐ No

Contact for Early Exit Support:

Name: _____ Email: _____

Phone: _____

By signing below, I consent to my referral agent and emergency contact being contacted if I am discharged early from the program. Each resident will be considered to be on a minimum 30-day trial basis to ensure that the resident is a suitable candidate for the program and meets the expectations of being ready, willing and able to participate in all aspects of the program. If a resident is deemed to not be ready, willing or able to participate in all aspects of the program, then **the resident and/or referring agency agrees to the repatriation of the resident upon early discharge.**

Resident Name: _____

Resident Signature: _____

Referring Agent Name (If Applicable) _____

Referring Agent Signature (If Applicable) _____