



**Confidential Client Demographic**

Name \_\_\_\_\_

DOB \_\_\_\_\_ SSN: \_\_\_\_\_

Gender  Male  Female  Other: \_\_\_\_\_

Tribal Affiliation \_\_\_\_\_ Enrollment # \_\_\_\_\_

Physical Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Message \_\_\_\_\_

Email \_\_\_\_\_

**Medical**

Are you a registered patient with Yellowhawk Tribal Health Center? 

Yes	No
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OHP/HRN# \_\_\_\_\_

**Emergency/Medical Contact**

Emergency Contact \_\_\_\_\_

Relationship to you \_\_\_\_\_

Phone \_\_\_\_\_

Physician \_\_\_\_\_

Phone \_\_\_\_\_

Do you need interpreter services? 

Yes	No
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If yes, what type of services? \_\_\_\_\_

**Referral**

Referral Source \_\_\_\_\_

Have you ever been a client here before?

Yes	No
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When \_\_\_\_\_

Who was your counselor \_\_\_\_\_

Current reason for applying \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What would you like to accomplish while in Pinánaykukt Program?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Personal Concerns \_\_\_\_\_  
\_\_\_\_\_

Strengths and Resources \_\_\_\_\_  
\_\_\_\_\_

Goals \_\_\_\_\_  
\_\_\_\_\_

Impact of Presenting Issues/Challenge \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Work \_\_\_\_\_

Source of Income and/or Benefits/Entitlements \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Personal Interests

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**Relevant History**

Family of Origin

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History

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Mother

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Any history of substance use?

Yes	No
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Explain

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Father

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Any history of substance use?

Yes	No
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Explain

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Religion

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Spiritual Beliefs

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Social Relationships (Good/Bad)

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Dating/Marital/Sexual Relationships

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**Medical History**

Are you presently on medication?

Yes	No
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If yes, list all medications prescribed to you, dosages and times prescribed as well as condition taking for (or attach list).

Medication Name	Dosage	Time Needed	Underlying condition (reason for taking)	When are refills available?

Who is the prescriber(s)

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Indicate any special needs, accommodations and/or disabilities

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Dietary restrictions

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Allergies

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**Education**

What is your highest grade of completion \_\_\_\_\_

Have you completed any type of vocational training or work related certification program?

Yes	No
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If yes, indicate type of vocational / certification program

Would you like assistance in completing a GED / HS Diploma?

Yes	No
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Would you like assistance with CTUIR Vocational Rehabilitation?

Yes	No
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Would you like assistance furthering your education (i.e. associates degree)?

Yes	No
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**Children**

Do you have children under the age of 18?

Yes	No
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*Please note that the Pinánaykukt Program is not accepting children at this time.*

*If yes, complete the information in the table below for any assistance that may be needed for reunification planning.*

Do you have an open DHS, child custody or child support case?

Yes	No
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Name and Phone Number of DHS Case Worker

Name

Phone Number

Did you give birth while you were in prison?

Yes	No	N/A
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Name of Child	DOB	Race/ Ethnicity	Living w/Whom? Relationship to Child	Disposition of Relationship	Goals for Relationship

Other notes regarding custody?

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*Please identify all that apply*

**Military Background**

Branch \_\_\_\_\_  
Last Rank \_\_\_\_\_ Date of Services \_\_\_\_\_  
Honorably Discharged \_\_\_\_\_  
Trainings Received \_\_\_\_\_

**Inpatient Rehabilitation Program**

Name of Rehabilitation Program \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Date Left \_\_\_\_\_ Graduated 

Yes	No
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**Detoxification Program**

Name of Detoxification Program \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Date Left \_\_\_\_\_ Completed 

Yes	No
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**Legal**

Driver's License # \_\_\_\_\_ State \_\_\_\_\_  
Background Check \_\_\_\_\_  
Parole or Post Supervision 

Yes	No
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Name of PO & Phone Number \_\_\_\_\_  
Name of PO & Phone Number \_\_\_\_\_

Did you bring in your Defendant Case History? 

Yes	No
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Did you bring in your Tribal Case History? 

Yes	No
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Location of underlying cases (list all Tribes, Cities, States or Federal agencies)

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List all crime(s) of conviction

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Jail / Prison of release

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How much time served for most recent conviction?

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Total time served (in months)

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If not released at this time, when do you expect to be released?

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*Failure to fully disclose parole / probation status, criminal history, sex offender registry or any pre-existing health or physical problems on application. If it is discovered that a program applicant or participant has falsified their application or otherwise abused the program, they may be subject to penalties including discharge of services, ineligibility to participate in the program for a determined period of time, repayment for damages including property, legal fees and possible legal prosecution.*

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**Orders of Restraint**

Do you currently have an order restraining you or another person from contact with anyone or any place?

Yes	No
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Describe any and all Orders of Restraint

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The information provided in this Application for Pinánaykukt is true, correct, and complete. If offered tenancy, any misstatement or omission of fact on this application may result in dismissal.

**Applicant Signature**

\_\_\_\_\_

**Print Name**

\_\_\_\_\_

**Date**

**Staff Signature**

\_\_\_\_\_

**Print Name**

\_\_\_\_\_

**Date**

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**All applicants are required to submit to a drug test prior to finalization of the application. In addition, all applicants must submit to a background check, which may include a credit check.**

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*If you choose to exit the program against professional advice or are exited from the program due to behavior / compliance issues, you will not be eligible for reentry into the program until after 90 days after the date of departure. All other requirements for admission must also be met at that time.*

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Your signature below authorizes Yellowhawk Tribal Health Center to make inquiries relating to your tribal affiliation, registration and eligibility for services through Yellowhawk Tribal Health Center with no liability arising therefrom. You also authorize Yellowhawk to conduct background and credit checks with no liability.

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Participant Signature

\_\_\_\_\_

Date

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Participant Printed Name

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Telephone Number / Email / Message Phone (Indicate all means that we may reach you)

***Acknowledgement***

I certify that the answers given herein are true and complete to the best of my knowledge. I also authorize investigation of all statements contained in this application as may be necessary in arriving at a decision regarding my application. In the event that my application is accepted and participation is granted to me at the Pinánaykukt Program, I understand that false or misleading information given in my application or interview may result in discharge.

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Participant Signature

\_\_\_\_\_

Date

1. Have you used drugs, other than those prescribed for medical purposes?	YES	NO
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2.	Have you abused prescription drugs?	YES	NO
3.	Do you abuse more than one drug at a time?	YES	NO
4.	Can you get through the week without alcohol/drugs (other than those prescribed for medical purposes?)	YES	NO
5.	Are you always able to stop using drugs/alcohol when you want to?	YES	NO
6.	Have you ever attended meetings of Alcoholics Anonymous or Narcotics Anonymous?	YES	NO
7.	Do you try to limit your alcohol and drug use to certain situations?	YES	NO
8.	Have you had "blackouts" or "flashbacks" as a result of your alcohol/drug use?	YES	NO
9.	Do you ever feel bad about your alcohol/drug use?	YES	NO
10.	Does your spouse (or parents, significant other) ever express concern about your consumption of alcohol or drugs?	YES	NO
11.	Do your friends or relatives know or suspect you use/abuse drugs or alcohol?	YES	NO
12.	Has alcohol/drug use ever created problems between you and your spouse/significant other?	YES	NO
13.	Has any family member ever sought help for problems related to your alcohol/drug use?	YES	NO
14.	Have you ever lost friends because of your use of alcohol/drugs?	YES	NO
15.	Have you ever neglected your family or missed work because of your use of alcohol/drugs?	YES	NO
16.	Have you ever been in trouble at work because of alcohol/drugs?	YES	NO
17.	Have you ever lost a job because of alcohol/drug use?	YES	NO
18.	Have you ever gotten into fights when under the influence of alcohol/drugs?	YES	NO
19.	Have you ever been arrested because of unusual behavior while under the influence of alcohol/drugs?	YES	NO
20.	Have you ever been arrested for driving while under the influence of alcohol/drugs?	YES	NO
21.	Have you ever engaged in illegal activities in order to obtain drugs?	YES	NO
22.	Have you ever been arrested for possession of illegal drugs?	YES	NO
23.	Have you ever experienced withdrawal symptoms as a result of heavy alcohol/drug intake?	YES	NO
24.	Have you ever had medical problems as a result of your alcohol/drug use (i.e. memory loss, Hepatitis, convulsions, bleeding, etc.)?	YES	NO
25.	Have you ever gone to anyone for help with an alcohol/drug problem?	YES	NO
26.	Have you ever been in the hospital for medical problems related to your alcohol/drug use?	YES	NO
27.	Have you ever been involved in a treatment program specifically related to alcohol/drug use?	YES	NO
28.	Have you been in treatment as an outpatient for problems related to alcohol/drug use?	YES	NO
29.	Have you ever thought you should cut down on your alcohol/drug use?	YES	NO
30.	Have people annoyed you, criticizing your alcohol/drug use?	YES	NO
31.	Have you ever felt bad or guilty about your alcohol/drug use?	YES	NO
32.	Has anyone in your family bloodlines (grandparents, parents, etc.) ever had a problem with alcohol/drugs?	YES	NO

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Applicant Signature

Date

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Staff Signature

Date

## ***Rules and Regulations of the Pinánaykukt Program***

1. Alcohol/Drugs: Participants are not allowed to use or sell alcohol, illegal drugs or misuse prescriptions or over the counter substances either on or off the property, while residing at Pinánaykukt Program. Anyone under suspicion of using, possessing or dealing any type of mind or mood altering substance, or demonstrating any other addictive behavior that potentially impacts the sobriety of other participants, will immediately be administered a UA and/or a BAC and disciplinary action will take place. This may include dismissal from the program. Staff will determine if the participant will remain in the Program. Impairment is not allowed under any circumstance. Pinánaykukt staff will perform random drug tests as desired. If the test is positive, and this is the participant's first positive UA since entering the program, staff will meet with the treatment team to create a new treatment plan to address relapse. A treatment plan may include referral to a Chemical Dependency Counselor and a last chance contract. If the issue is not resolved, the participant will be referred to outside services.
2. Participants will notify staff of all prescribed medications and will be personally responsible to follow the prescribed instructions given by the doctor. All prescribed medications must be stored in the locked box located in the clinical staff offices. Access will be provided and supervised by staff when medication is needed.
3. Tattoos or body piercing are not to be received or performed on the property due to potential health related concerns and liability.
4. Financial independence is a goal of the program. Staff will assist participants with developing a financial plan so they are able to move into their own home and provide for themselves through employment or other sources of income.
5. Participants will be out in the community forty (40) hours per week, participating in prearranged life skills activities. Participants may request passes to attend outside events, classes, or family visits after the initial one-month orientation; the treatment team must be in agreement with these plans. If you are outside of the Pinánaykukt Program for any other reasons than listed above, disciplinary action will take place up to or including dismissal from the Program.
6. Absolutely no guests are allowed at the Pinánaykukt Program home, unless prior written permission is given by program staff. This is to ensure the safety and confidentiality of the other participants. No females are permitted on the male house premises and no males are permitted on the female's premises, unless it is staff conducting their regular job duties. Visiting can be done at the Pinánaykukt with approval, or during groups or classes conducted at designated locations. UAs will be administered upon returning to the Pinánaykukt house after a pass has been utilized.
7. Personal televisions, radios, etc. are allowed but the Pinánaykukt Program does not take responsibility for lost, stolen, or broken items. Out of respect to the other participants, the volume should be kept at a low level.
8. Personal computers/laptops will be permitted at participants own risk. If use of computer becomes distracting or used for illegal activities such as to view pornography, the computer will be confiscated, and disciplinary action will be taken which may include discharge.
9. Cell phones will be allowed as long as they are not disruptive or destructive to client or other participants during group and individual activities. If a participant is using their personal cell phone inappropriately such as looking up porn or contacting dealers, this privilege may be revoked and disciplinary action may take place.
10. The house phone may be used under the supervision of a staff member. The call must be local and limited by staff discretion. If a long distance call must be made, participant are required to use a personal calling card.

11. The Pinánaykukt Program is a picture free zone, which includes “selfies.” This is to ensure participant and client confidentiality. The exception to this is when the Yellowhawk and Pinánaykukt staff are collecting images for the promotion of the Program. In this case, a proper release form will need to be signed by the participant before the photos are used.
12. The following are prohibited: Incense, candles, plug-in types of air fresheners, extension cords, portable heaters, hot plates, toasters, toaster ovens, electric blankets, heating pads, electric toothbrushes, humidifiers, or barbeques (unless approved otherwise for special circumstances). Power strips in good condition are acceptable but cannot piggy back off each other.
13. Chemicals and any items with alcohol such as mouthwash, finger nail polish remover, hand sanitizer, or any other product containing alcohol are prohibited. If they arrive with these substances, they will be confiscated and locked up until participants are released from the program.
14. Firearms, explosives, knives, other weapons and/or items that are deemed a safety risk are not allowed on the premises unless requested in advance for an appropriate activity such as archery. All requested must be approved ahead of time and has staff supervision. If items are found in a participant’s room, they will be confiscated and disposed of and proper disciplinary action may be taken.
15. Participants will participate in random UA’s and BAC’s.
16. **Physical/Verbal Abuse**- Any type of physical and/or verbal abuse is not allowed and will not be tolerated. It is expected that everyone be treated with respect and with consideration to individual’s personal boundaries as participants work toward independence.
17. All furnishings and other property on the premises that belongs to the Pinánaykukt Program will not be damaged or removed. Participants may use Command Brand or damage-free hanging strips to hang pictures and wall décor. No structural changes may be made to the premises, either inside or outside. Participants are responsible to report leaks, problems or damages that may occur.
  - a. **Food/Meals**- All personal food should be stored in zip lock bags or in Tupperware style containers clearly marked with the owner’s initials in the kitchen area. Any spoiled food will be thrown away. It is up to the participants to purchase and prepare their own food /drinks. It is extremely important that you eat/drink only your own food/drink and you must clean up after yourself. **No food will be permitted outside the main dining or living area.** Any drinks permitted in rooms will be capped. If diabetic, special arrangements may be made. Do not leave dirty dishes and open containers in bedrooms or bathrooms, as this will cause a vermin/insect problem in the building.
18. All patio and common areas will be kept free of rubbish, clothing or miscellaneous items.
19. **Smoking**- Smoking is prohibited inside the building. This includes e-cigarettes. If you smoke on the property outside, do not throw butts on the ground, use proper receptacles. There will be a designated smoking area for participants to use. E-cigarettes are absolutely prohibited from being smoked in the Pinánaykukt facility.
20. **Chewing tobacco** is absolutely prohibited in the Pinánaykukt facility and may be chewed outside.
21. Participants are expected to respect staff boundaries and not attempt to engage in relationships that are beyond the caregiver/participant association. This also applies after the participant has been discharged from the facility.
22. Pets are prohibited at the Pinánaykukt Program.
23. Bedroom windows must be closed at all times except during emergency evacuations. This is to avoid participants leaving without staff knowing and to protect participants from people coming to the center without proper screening.
24. If participants own or will be using a personal vehicle, they must have a valid driver’s license and insurance. Any and all repairs will be conducted off site of the Pinánaykukt property.

- 25. To honor participant's privacy and confidentiality, family is not permitted for visitation at Pinánaykukt Facility.
- 26. Participants will partake in a black out (probationary) period for one month which includes participant's participation in sober support groups, employment, and medical appointments within a 20 mile radius.
- 27. Participants will use CTUIR Kayak, Pinánaykukt staff or other means for all necessary transportation.

**Confidentiality**

In accordance with RCW 70.02 and 42 CFR Part 2 sections 160 through 164, participant's files are kept confidential. Each client receives documentation that informs them of federal confidentiality requirements. Participants may ask to see and copy the records.

\_\_\_\_\_  
Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff

\_\_\_\_\_  
Date

# CONSENT FOR RELEASE OF INFORMATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### INFORMATION IS TO BE RELEASED BETWEEN:

Person, organization, Facility, or Provider 1		Person, organization, Facility, or Provider 2	
Name:		Name:	
Title:		Title:	
Agency:		Agency:	
Address:		Address:	
Phone:		Phone:	
Fax:		Fax:	

### EXTENT OR NATURE OF INFORMATION TO BE DISCLOSED:

- |   |   |
|---|---|
| <input type="checkbox"/> Diagnosis of Mental Illness(s)<br><input type="checkbox"/> Diagnosis of Drug and Alcohol Abuse<br><input type="checkbox"/> Diagnosis of Medical Condition(s)<br><input type="checkbox"/> Psychosocial History<br><input type="checkbox"/> History & Physical<br><input type="checkbox"/> Treatment/Service Plan(s)<br><input type="checkbox"/> Progress Notes<br><input type="checkbox"/> Participation in Service, Program<br><input type="checkbox"/> Other: _____ | <input type="checkbox"/> Assessment of Mental Status<br><input type="checkbox"/> Assessment of Drug and Alcohol Abuse<br><input type="checkbox"/> Educational History/School Record<br><input type="checkbox"/> Employment History<br><input type="checkbox"/> Legal Criminal Status, Background<br><input type="checkbox"/> Financial Information<br><input type="checkbox"/> Entitlements/Benefits Status |
|---|---|

### PURPOSE OR NEED FOR INFORMATION:

- |  |   |
|--|---|
| <input type="checkbox"/> Advocacy<br><input type="checkbox"/> Coordination of services | <input type="checkbox"/> Emergency Contact, notification<br><input type="checkbox"/> Program Eligibility Determination<br><input type="checkbox"/> Referral for service |
|--|---|

Other: \_\_\_\_\_

I understand that my records are protected under federal regulations governing confidentiality which include alcohol and drug abuse patient records, 42 CFR part 2, and the Health Portability and Accountability Act of 1996 (HIPPA), 45 CFR Parts 160 and 164, and cannot be disclosed without my written consent. I also understand that I Have the Right to revoke this release of information at any time by providing a written statement to Camas Path Behavioral Health.

\_\_\_ I Hereby Authorize the One-Time Release of the Above Information Within 90 Days from Date Signed to the Person/Organization/Facility/Program Identified Above.

\_\_\_ I Hereby Authorize the Periodic Release of the Above Information to the Person/Organization/Facility/Program Identified Above as Often as Necessary to Plan For/Provide Care and Treatment. This Authorization Will Expire One Year from Date Signed or Upon My Completion of or Discharge from this Program.

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Submit completed application to:**

Mail: Yellowhawk Tribal Health Center  
Behavioral Health  
PO Box 160  
Pendleton, OR 97801

Drop-Off: Yellowhawk Tribal Health Center  
Behavioral Health  
46314 Timine Way  
Pendleton, OR 97801

Fax: 541.240.8410

Questions/Information:  
541.240.8695  
Yellowhawk.org/behavioral-health

**FOR OFFICE USE ONLY BELOW THIS LINE**

Date Application Received \_\_\_\_\_

By: \_\_\_\_\_

Packet Complete \_\_\_\_\_ Background Check \_\_\_\_\_

Add. Notes/Comments \_\_\_\_\_

Attachments \_\_\_\_\_

Bed Available 

Yes	No
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 If not, when might a bed be available? \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Interview scheduled 

Yes	No
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Participant Contacted 

Yes	No
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 On what Date? \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Tentative Check In Date \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Men's House

Women's House

Counselor assigned \_\_\_\_\_

PRM Assigned \_\_\_\_\_

cc: Counselor, Lead PRM, STH Supervisor / CD Clinical Manager / Integrated Health Care  
Supervisor, CD Coordinator.

Advise Finance of any SNAP / Trust Account Needs



**Pinánaykukt “Gathering Oneself Together” Sober Transitional House (STH)  
DMV AND CRIMINAL BACKGROUND CHECK  
RELEASE FORM**

Yellowhawk officially requests criminal background check/DMV Report:

(Print name of Yellowhawk employee requesting) \_\_\_\_\_

Name of STH Applicant: \_\_\_\_\_  
Last First Middle

Social Security No.: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

- STH Applicant staying at STH contingent upon passing background check
- STH Applicant awaiting background check
- Other \_\_\_\_\_

Is a DMV report required on this STH Applicant?  Yes  No

Driver’s License No.: \_\_\_\_\_ State: \_\_\_\_\_

(Optional: only required for STH Applicants who plan to park/drive a car at STH.)

Background investigation will be conducted on STH Applicants. The applicant is required to complete and authorize a background check in order to be considered for STH placement.

***NOTE: This is required for all STH applicants at Pinánaykukt “Gathering Oneself Together” Sober Transitional House (STH) operated by Yellowhawk Tribal Health Center.***

\_\_\_\_\_  
Applicant Signature of Authorization Date