If you are referring a client who is currently on an Opioid Substitution Treatment (OST) Program you will need to FULLY complete this form and return it with your application.

INCOMPLETE FORMS WILL NOT BE ACCEPTED.

Health
Mid North Coast
Local Health District

DRUG & ALCOHOL SERVICE

Client Surname: ___________________________

Given Names: _____________________________

DOB: _______________**Sex:** Male ☐ Female ☐

Proposed Address: Benelong's Haven
2054 South West Rocks Rd
Kinchela NSW 2431
Ph: 65674856

ATSI: Yes ☐ No ☐ Neither ☐

Country of Birth:____________________________

Preferred Language:__________________________

Marital Status: _____________________________

Principal Source of Income: _________________

NOK/Contact Person: _______________________

Phone No: __________________________________

Relationship: ______________________________

Referred by: ____

Organisation: ____

Phone No: ___________________________________ **Fax No:** ___________________________________

Current Prescriber: ____

Current Program: ____

Phone No: ___________________________________ **Fax No:** ___________________________________

Current Dose: Methadone/Biodone mg/ mls. Suboxone mg

PRU No:

Important information:

- *Benelong's Haven is a therapeutic community and administers abstinence based programs. Clients will be required to commence a reduction regime off OST and NO increase in dose will be given. (Pregnant clients accepted).*
- *Clients of Benelong's Haven who are on OST are dosed by SWR Pharmacy at a cost of $35 per week, payable in advance by the client.*
- *Benelong's Haven will not pay dosing costs* and *South West Rocks Pharmacy will not give credit.*
- *Clients must arrange OST prescriptions from a community based prescriber prior to admission to Benelong's Haven or will not be accepted for admission.*
- *Justice Health scripts will not be accepted under any circumstances.*
- *I,____, have read and agree to the above listed conditions of admission to the OST program at Benelong's Haven.*
- *Name:* ____
- *Signature:* ____ *Date:* ________________________