

REACHOUT REHABILITATION CENTRE ASSESSMENT FORM
COMPLETED BY: TUONANE PROJECT

A. INDIVIDUAL INFORMATION

1. Full name: _____ Common name: _____ Date: _____
2. Postal address: _____ Home address: _____ Tel: _____
3. ID No: _____ Sex: Male _____ Female _____ Age: _____
4. Marital status: _____ How many children: _____
5. Level of education: _____ Occupation: _____
6. Currently living with: _____ Do they use heroin? _____

B. FAMILY BACKGROUND

7. Parents: Father: _____ Mother: _____
Are Parents Together: _____ Divorced: _____
8. How many? Brothers: _____ Sisters: _____
9. Any drug users in the family: What drugs used: _____
10. In the family, who is critical about your drug use: _____
11. Who is more sympathetic about your drug abuse: _____

C. DRUG HISTORY

Drugs	First Age Used	Weight	Amount in a day	Using now	Abstinence period	How long
Heroin						
Cannabis						
Khat						
Vibugizi						
Hashish						
Cocaine						
Alcohol						
Solvents						

12. What made you start using heroin? _____
13. Where do you normally use it? _____
14. Who did you use it with? _____

15. When do you use? _____
16. How do you use it? _____
17. How do you raise the money? _____
18. Abstinence period? _____
19. Reasons for abstinence? _____
20. Reason for relapse? _____
21. How do you think/feel about yourself? _____
22. How do other people think/feel about you? _____
23. Have you ever been in any other rehabilitation center? _____
- If yes, where? _____ For how long? _____
24. What are your expectations in 3 years time if you give up drugs? _____
25. How do you think your future will be in 3 years time if you are still using drugs? _____
26. What are your hobbies? _____
27. Do you have any medical conditions (asthma, ulcers, hernia)? _____

D. EXPECTATIONS

1. What do you expect we can do to help? _____
2. What might be difficult about a 6-month rehabilitation? _____
3. How will your friends feel if they learn you have stopped using drugs? _____

Client signature: _____ **Date:** _____

Name of assessor: _____ **Date:** _____

Signature: _____

Reporting Date: _____

CLIENTS RULES AND REGULATION AT THE
REACHOUT REHAB CENTRE

Introduction:

It is our ardent hope that before the sponsor and the client signs the Reachout/MEWA Rehab Centre contract, they must have understood all the rules and regulations of the center.

These rules include:

1. That the client has **not** been **forced**, but has willingly accepted to join the center for rehabilitation purposes.
2. That you will **abide** by the rules and regulations of the center for the entire period of your stay.
3. That **infringement** of a set of rule and regulations governing the center shall lead to your expulsion without being reimbursed of your dues as living expenses.
4. The person to visit you shall be one of your family members ie: father, mother, brother or sister or any other person who has undertake to sponsor you undergo this rehabilitation program.
 - (a). Children under 14 are not allowed.
5. The sponsor shall be responsible for any damages caused by the client at the center. This may include payment for repairs and/or replacements.
6. The client is supposed to stay at the center for a minimum period of **Six months** and a maximum of **One year** subject to the set entry requirements.
7. That the client shall not be permitted to go outside thee center alone save on an accompaniment by a counselor.
8. That you have agreed the centre duties will be carried out as stipulated in the daily program/schedule ie: cooking, cleaning or your items and the center in general.
9. That **fighting** and **abusive language** at the center is an automatic reason for expulsion.
10. **Prayers** are a must for all Muslim clients save under known conditions like detoxification.
11. The clients are not allowed to keep **money** with them in the center for their entire period of stay.
12. Visiting day will be on **Sunday** for Reachout and **Wednesday** for MEWA, only two visitors will be allowed on visiting day.
13. That it is **serious offense** to be caught using or in possession of any **drugs** and that this is an automatic call for your expulsion for your expulsion in the centre.
14. That clients are not allowed to operate any **electronic gadgets** in the centre.

15. That we are not responsible for any injuries on the client as a result of rehabilitation or any other cause at the centre.
16. That unfiltered cigarettes are not allowed at the centre.
17. That you have to take care of all things that you use at the centre.
18. That we do not treat any sickness outside rehabilitation ie: malaria, typhoid, etc. These will be done by the family and/or sponsor. And
19. Money will never be refunded to the sponsor in case the client runs away or decides to leave the centre prematurely – that is before the stipulated period of time.
20. Clients are not allowed to have or use mobile phones in the centre.

Names of the people to visit the client.

NAME	CONTACT
1.	
2.	
3.	
4.	
5.	

I certify that I have read and understand the rules and regulations as stipulated above and promise that I will abide by them to the best of my knowledge and ability. Help me God.

Client's Sign: _____

Date: _____

Sponsors name _____

Sponsor's ID. No. _____

Occupation: _____

Telephone: _____

Sponsor's Sign _____

Date: _____

Assessed by: _____

Sign: _____

Date: _____