

# Day Pass Request



**RATIONALE:** Day Passes are granted to assist in a client's transition from SCHC to home, work or continuing care program; to provide an opportunity to visit with family, friends or sponsors; to socialize with members of AA or NA; and to practice utilizing recovery tools in "real life" situations.

1. While Day Passes can be a part of the SCHC experience, **they are not a right** and you should guard against assuming that the clinical staff will approve a request. Of primary importance is that your Day Pass be structured in such a way as to minimize your risk of relapse or exposure to high-risk situations. To this end, the SCHC staff may deny a specific request or suggest an alternative plan to that submitted.
2. You must be at SCHC a **minimum of two weeks** to be eligible for a Day Pass.
  - a.) Clients at SCHC less than four weeks **must** be accompanied by another adult (if this person is a member of the local AA/NA community this person must be of the **same gender** and have at least one year's continuous abstinence).
  - b.) Clients at SCHC for more than **four** weeks may be granted a day pass unaccompanied by another adult.
  - c.) **Two or more peers** may be granted a Day Pass, provided that each has been at SCHC for a minimum of **four** weeks, and each is making satisfactory progress.
3. **Each** request is considered on its own merits, and clients are cautioned against assuming that all requests will be honored. **Typically, day passes are not given on a weekly basis.**
4. Day Pass requests should be submitted **before 8:00 am Wednesday morning** as they are reviewed by the Clinical Team in their Wednesday morning meeting. You, your family or friends are cautioned against making firm plans or transportation arrangements before your Day Pass has been reviewed and approved by your Counsellor. The Sunshine Coast Health Centre staff will **not** assume responsibility for any inconvenience or financial loss that may result from planning a Day Pass before it is approved by staff. **Transportation during your Day Pass is your responsibility, not Sunshine Coast Health Centre's.**
5. You will be asked to sign an Authorization to Communicate with all persons who, in the judgment of staff, may play a role in your Day Pass.
6. Day passes are for Powell River and Vicinity.

**Name:** \_\_\_\_\_

I request a Day Pass for: Date: \_\_\_\_\_ Time: from \_\_\_\_\_ to \_\_\_\_\_

Reason for Pass: \_\_\_\_\_  
\_\_\_\_\_

I will be accompanied by: (if required) \_\_\_\_\_

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