

Southcentral Foundation



Residential Contraband Agreement

The following items are prohibited from customer-owner use or possession while in Southcentral Foundation (SCF) residential programs:

Candles, incense, air fresheners, carpet fresh, matches, lighters, cigarettes or tobacco products of any kind, electronic cigarettes/vaporizers, firearms, ammunition, or weapons of any kind, loose razor blades, candy, gum, unmarked hygiene items or powder, illegal drugs, herbal incense, drug paraphernalia, alcoholic beverages, and/or synthetic drugs including but not limited to synthetic cannabinoid, Spice/K2, and bath salts.

Any illegal drugs or narcotic medications without an active prescription brought to the program may be reported to the Anchorage Police Department. Contraband found during your stay at SCF, will be confiscated and destroyed; random room searches will be conducted.

SCF prefers that medications, prescription or otherwise, not be brought to the program at admission. We understand that there are times when this is unavoidable. In these instances, prescription medications brought to the program must be included as an active prescription and reviewed upon admission to the program.

Active prescription medications will be taken to a pharmacy to be verified to ensure authenticity. Prescription medications that cannot be verified, any medications not noted on the medical clearance form, and any unidentifiable medication must be picked-up within twenty-four (24) hours. Items that cannot be picked-up will be destroyed according to SCF procedures.

Over-the-counter medications brought to the program cannot be administered (even in unopened or sealed packaging). SCF will provide all over-the-counter medications approved by your provider after admission. Any over-the-counter medications brought to the program on the day of admission must be picked up within twenty-four (24) or it will be destroyed according to SCF policy. It is your responsibility to disclose possession of medications or contraband items at the time of admission in order for these items to be sent home.

I (we) acknowledge that I have read and agree with the above information. If I have any questions regarding contraband items, I will discuss these questions with SCF residential program employees.

Customer-owner Signature

Date

Parent/Legal Guardian Signature

Date

Behavioral Services Division – TPH and DAC
Form Number: 034
Form Name: Agreement
Category: Consents
Page 1 of 2
Document (revision) date – n/a

Name _____

Medical Record # _____

Date of Birth _____