



Application & Medical Form

Building a Path to Wellness

Jackson Lake Healing and Wellness Centre

Kwanlin Dün First Nation



Submit to :

Community Justice

Kwanlin Dün First Nation

7 O'Brien Rd. Whitehorse, Yukon Territory

communityjustice@kdfn.net

Cell: 1-867-633-7800 ext. 601 Fax: 1-867-633-7855

Thank you for taking the time to complete this application.

Applicant:

First Nation:

Program Introduction

Jackson Lake Land Based Healing program is a land-based facility located about 15 km southwest of Whitehorse by the serene shores of Jackson Lake on the traditional lands of the Kwanlin Dün First Nation. The Land Based Healing program mission is to: **Provide a supportive, land-based, holistic and compassionate environment based on the integration of traditional and modern knowledge in order to create balance and self-empowerment.**

Program leaders and staff believe strongly in the healing power of culture and the land. Land based, cultural and ceremonial activities form a central focus in all aspects of programs offered. The program provides trauma treatment using a variety of methodologies to address the underlying issues related to addictions, depression, anxiety, grief & loss, issues related to Residential School & colonization. The Jackson Lake Wellness Team offers Aftercare support to all participants who are willing to stay connected with the team.

REFERRAL & APPLICATION PROCESS

1) **Screening & Application Form**

- The Screening Application forms are to be completed by the referring agent or applicant.
- It must be completed in full or may not be considered.

2) **Medical Assessment**

- The medical portion must be completed by a physician or nurse and submitted with application form.

3) **Submit Application**

- Please submit your completed application & medical package to JLWT by fax or email using the contact information on front cover page of application form.

4) **Counselling Support Requirement**

- During this process each potential participant is asked to complete at least three hours of counselling with an approved counsellor or a member of the JLWT or counsellors from Kwanlin Dün Health, Alcohol & Drug Services, Residential Schools Support Services, Many Rivers, etc.
- The purpose is to assess your readiness and to be as prepared as possible to gain maximum benefit from the 4-week program.
- Please inform the Jackson Lake Team who you are meeting with to confirm you are meeting this goal.
- By signing the Release of Information on page 8, you are allowing us to contact your counsellor to confirm.

5) **Acceptance**

- A member of the JLWT will contact you for an interview.
- You will be notified approx. 8-10 days before start of camp, whether you are successful in your application.
- A follow up letter with Guidelines' and a "What to Bring" list will follow.

Applicant:

First Nation:

SCREENING FORM
CONFIDENTIAL

Applicant Personal Information

Name: _____

Date of Birth: _____ Gender: M F

Yukon Health Care Number: _____

First Nation Citizenship (if applicable): _____ Status#: _____

Address: _____

Home Phone: _____ Can we leave a message? YES NO

Cell Phone: _____ Can we leave a message or text? YES NO

Other Phone for messages: _____

EMERGENCY CONTACTS

Name: _____

Relationship to participant: _____

Home#: _____ Cell#: _____

Address: _____

2nd Contact

Name: _____

Relationship to Participant: _____

Home#: _____ Cell#: _____

Address: _____

Applicants Signature: _____ **Date:** _____

Are you referring yourself: Yes OR No

Applicant:

First Nation:

Tell us why you are applying to attend the program: _____

Referral's Name/Agency or Position/Relationship:

Explain why you are referring this participant: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

Legal Information:

Are you currently on any court conditions? **Yes** **No**

What type of order are you on:

- Bail/Recognizance
- Probation
- Temporary Absence

What are the conditions of your order?

- No contact direct or indirect with (name/s) _____
- Abstain from intoxicants
- Reside as directed
- Not to possess any cell phones
- Other _____

Applicant:

First Nation:

Residential School Information

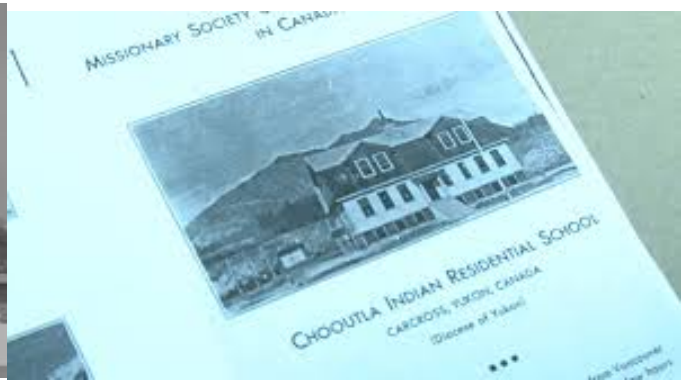
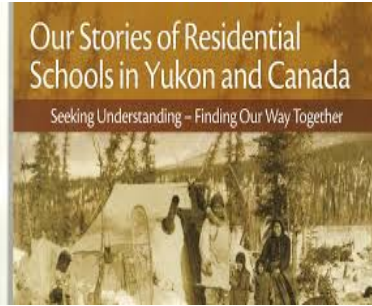
THIS PORTION MUST BE COMPLETED IN FULL FOR APPLICATION TO BE ACCEPTED

IF NOT COMPLETED, APPLICATION WILL BE RETURNED TO REFERRAL AGENT

Name of Parent/Guardian who attended: _____

Date of Birth of parent/guardian who attended: _____

Name of Residential School Attended: _____



Applicant:

First Nation:

Readiness to Change Questionnaire

	Strongly Disagree	Disagree	Unsure	Agree	Strongly Agree
1. My life is ok as it is	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I am trying to use less Alcohol/drugs than I used to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I enjoy drinking/drugging but Sometimes I overdo it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I should cut down on my Drinking/drugging.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. It's a waste of time thinking about My problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I have just recently changed my Drinking/drugging habits.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Anyone can talk about wanting to Do something about drinking/drugging, But I am actually doing something About It.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I am at the stage where I should think about drinking/drugging less.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. My drinking/drugging is a problem.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. It's alright for me to keep using Drugs/alcohol as I do now.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. I am actually changing my Substance use right now.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. My life would be the same, even if I was not using drugs or alcohol.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank You for being honest with yourself.

Healing on the land is about discovery and aftercare is about recovery.

Applicant:

First Nation:

Aftercare and Support

Engaging in continued support activities is vital when I have completed the program at Jackson Lake. I know that those who stay engaged with supports are more likely to stay on their healing journey.

- 1) Name three supports in your community who can support you while healing after treatment.

Supports in Community:

- | | |
|----------|-----------------|
| 1. _____ | Contact # _____ |
| 2. _____ | Contact # _____ |
| 3. _____ | Contact # _____ |

- 2) Personal Contact Information

Phone# _____

Alternate Contact # _____

- 3) As people frequently lose phones or change their numbers, we have found Facebook much easier way to remain connected. If you wish to connect thru Facebook YES NO

If so please provide Facebook contact name: _____

- 4) I give permission for Jackson Lake staff to maintain contact with myself as part of my aftercare.

Signature

Date

Witness

Date

Applicant:

First Nation:

PARTICIPANT RELEASE OF INFORMATION

I, _____ hereby request and permit

- Kwanlin Dün First Nation Justice
- Kwanlin Dün Health Centre
- Other _____

To release the following information:

1. To confirm that I have or am seeing the counsellor for the 3 hours of counselling as required.
2. _____
3. _____
4. _____

To the following agency (ies):

1. _____
2. _____
3. _____
4. _____

Participants Signature: _____

Witness Signature: _____

Today's Date: _____

Applicant:

First Nation:

Permission to Provide Information

I _____ (participants name) do hereby affirm the following information to be true. This information is for Land Based Healing Program so they can be the most help to me.

Participant Admission Criteria

Please check all those criteria that are met and provide additional information as needed (use additional sheets of paper if needed):

- 19 years of age or over;
- Medically stable and emotionally, mentally and physically able to actively participate in cultural, healing, counselling and **land-based activities**;
- *Comment on any limitations:* _____

- Not have consumed illegal drugs or alcohol for a period of at least two weeks prior to admission;

Length of sobriety or plans for detoxification prior to program: _____

- Not on methadone or other alternative for managing addiction;
- Free of any psycho active/mood altering drugs, painkillers, sleeping pills, or tranquilizers that are being used addictively for one month prior to admission;
- Details of current drug use:* _____

- Aware that any participants arriving with psychoactive/mood altering drugs, painkillers, sleeping pills, or tranquilizers in their possession may **NOT** be accepted into the program unless their use is pre-approved by the program's consulting physician;
- Not require planned (not emergency) hospital care or detox facilities after beginning of program;
- My current drugs/s or alcohol of choice is: _____
- My current prescribed medications are: _____

Applicant:

First Nation:

- Have you had to be medically supported when withdrawing from drugs or alcohol? _____
When was the last time? _____
- Have you attended a treatment program previously if so when and where:

- Had any thoughts or attempts of suicide within the past two years;
If so, please explain: _____

- Has there been any aggressive or violent behavior within the last two years?
If so, please explain: _____

- Please commit and make arrangements to **NOT** have any appointments during the
program (for example, doctor, lawyer, social worker, physiotherapist, dentist, etc.);
Exceptions may be considered, please provide details: _____

- Have arrangements in place for child and elder care;
- Willing to complete a pre-admission medical.
- Have a valid Yukon or other medical care card # _____
- Further information or plans: _____

Thank you for taking the time to complete this application.

Applicant:

First Nation:

<h1>PRE-ADMISSION MEDICAL EVALUATION</h1>

Applicant's Name _____ Medical# _____

Date: _____

Referral Agency: _____

Address: _____

Consent for Release of Information

I, _____ hereby request and permit my physician or nurse to release medical facts and assessments about me to _____

And **Jackson Lake Healing and Wellness Centre**. The photocopy of my signature on this form is as valid as the original.

Applicant's Signature _____

TO THE PHYSICIAN / NURSE

The above named applicant is to be medically assessed as a potential participant in our four week healing program. Our program is designed to help people who acknowledge that their drinking or drug use has interfered with their effective functioning and who are physically and mentally ready to participate in program activity. **Jackson Lake Healing and Wellness Centre** requires a client to have had a complete physical examination prior to admission. In order for a client to be successful in our program, the client has to be free of alcohol or illegal drug use for 2 weeks and free of psycho active/mood altering drugs, painkillers, sleeping pills, or tranquilizers that are being used addictively for a period of one month prior to admission. Prescription drugs may be able to be continued if needed, upon physician's recommendation.

MEDICAL EXAMINATION

Name _____

1. Date of last alcohol/drug use _____
2. Date of last psycho active drug use _____
3. Current Diagnosis _____

4. Medical problems to be followed while in the program

5. Any allergies? _____ If so, what? _____

6. Is patient pregnant? _____

7. Please provide a copy and date of current TB Test result (must be within one year and is MANDATORY FOR COMPLETE APPLICATION TO BE ACCEPTED).

8. Functional inquiry- is there any disorder of the following?

	Normal	Abnormal
Hair, skin, nails (especially current or recent infestation or infections)	_____	_____
Ear, Nose, throat	_____	_____
Musculo-skeletal system	_____	_____
Blood, lymphatic system	_____	_____
Cardio-vascular system	_____	_____
Respiratory system	_____	_____
GI system	_____	_____
GU system	_____	_____
CNS- especially hx of seizures	_____	_____
Past history of TB	YES <input type="checkbox"/>	NO <input type="checkbox"/>

9. Family History

Alcohol/drug problem	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Psychiatric history _____		

10. Physical Examination

Height _____ Weight _____ BP/PR _____

	Normal	Abnormal
Appearance	_____	_____
ENT	_____	_____
Hair, skin, nails	_____	_____
Reticuloendothelial system	_____	_____
Musculo-skeletal system	_____	_____
Thyroid	_____	_____
Cardio-vascular system	_____	_____
Respiratory system	_____	_____
Abdomen	_____	_____
Central nervous system	_____	_____
Evidence of sexually transmitted disease	_____	_____

11. Please comment on any abnormalities noted above.

12. Present medications

13. Have you any comments, suggestions or insights that might be helpful in terms of client's being physically & mentally able to participate in group, one-to-one counselling and living in a land-based healing camp for four weeks?

All clients attending treatment should best be as free as possible from all drug abuse, should not be on any sedative-hypnotics. Pertaining to this patient, it is important that they not currently be in need of acute hospital care, and that diseases are under control as much as possible- notably contagious diseases.

I have examined this client and find him/her to be fit to attend treatment.

Physician/Nurse Name: _____

Physician/Nurse Signature _____ Date _____

Address _____

Email:

Telephone Number: _____

PROGRAM GUIDELINES

The following guidelines will assist everyone to create a safe and healing program at Jackson Lake Healing and Wellness Centre (JLHWC) environment.

Please read the guidelines carefully AND sign if in agreement.

1. ALCOHOL AND DRUGS

- a. There will be *NO* alcohol or non-prescription drugs allowed at the Jackson Lake Healing and Wellness Centre (JLHWC) or during land-based trips. Participants are not to consume alcoholic beverages or any unauthorized drug while attending the Program (non-compliance with this guideline could result in discharge from the program).
- b. All medications are to be turned in to our staff upon arrival at JLHWC
ALL MEDICATIONS MUST BE IN BLISTER PACKS UPON ARRIVAL AT JACKSON LAKE
- c. During the healing program, other addictions, dependencies and behaviors may be addressed.
- d. To ensure a substance-free environment and the safety of all participants, luggage will be checked by the **RCMP** at time of admission. Should there be questions regarding the presence of alcohol or drugs on site, random checks may be completed by staff throughout the Program.
- e. If you arrive with prescriptions not noted on your medical examination paperwork, you will need to meet with JLHWC consulting physician or nurse.
- f. JLHWC does not have the facilities to handle methadone clients or medicinal marijuana.

2. RELATIONSHIPS, VISITORS, AND TELEPHONE CALLS

- a. All participants are expected to remain at the camp, unless on a special pass or on an approved walk.
- b. Sunday Visits (at the end of Week 2 and 3) – pre-approved family and guests will be allowed to visit and participate in camp activities.
- c. Visitors under the influence of alcohol or drugs are prohibited.
- d. Sexual relations between program participants, and between participants and visitors or staff are prohibited.
- e. You are responsible for your visitors and letting your visitors know of the Guidelines for the Program. Cellular phones and pagers are not to be used by clients while they are residents at JLHWC.
- f. All phones/pagers or other devices used for communications will be collected and held by staff and access only allowed in the event of a family emergency.

Make arrangements to be out of touch with family and friends except for Sunday visits at the end of weeks 2 and 3.

3. HEALTH AND SAFETY

- a. Smoking is not allowed in the buildings or tents. Smoking is allowed outside the building. Ashtrays are supplied and participants will be expected to use them. Smokers are responsible to keep ashtrays clean (we strongly discourage pregnant women smoking). Smokers are expected to gather all butts to ensure the cleanliness and safety of the land.
- b. All medication will be turned over to the Administration Office upon admission to JLHWC. Staff will monitor the administration of medications.
- c. Each Participant is responsible for maintaining living quarters.
- d. JLHWC is a community and all staff and participants will be assigned regular daily camp chores.
- e. If concerns develop regarding client's health a referral may be made to the JLHWC consulting physician or nurse.
- f. Due to the existence of communicable diseases (such as HEP C) please do not share cigarettes, pop or anything that can pass along germs from your mouth.

4. SCHEDULE

- a. Participants are expected to be up in the morning by 6:45 AM during the week and by 9:00 AM on the weekends.
- b. Program starts @ 9:00 AM
- c. "Lights Out" is at 10:30 PM
- d. **You are accountable and responsible for attending all program sessions on time- on weekdays and weekends.**
- e. There are **NO personal** Radios, TV, ghetto blasters, iPods, etc. allowed to be used in camp.
- f. Participants are expected to attend all gatherings and ceremonies and assist in hosting visitors.

5. GENERAL PROGRAM GUIDELINES

- a. Residents fighting or destroying property will be discharged from the Program.
- b. Walks must be either solitary (one person) or in groups. Residents must inform staff when they are leaving and returning to camp and where they are going. Residents are also required to sign in/out in the log book. Please make yourself aware of designated walking areas. (See Map)
- c. You are to remain within the boundaries of the JLHWC at all times, except when accompanied by staff or on a pass.
- d. You are responsible for all your personal belongings and effects. JLHWC accepts no liability or responsibility for the personal belongings and effects of residents or visitors.
- e. Gambling is not allowed.
- f. You may bring musical instruments with you. We encourage their use.
- g. Appropriate clothing and footwear is expected.
- h. No videos are to be brought in from outside the Program.
- i. The Main Wall Tent and any ceremonial spaces are sacred places in the Center and we ask that you respect the confidentiality of the Circle at all times.

I understand the Program Guidelines and agree to follow them.

Participants Name (please Print) _____

Signature _____ Date: _____

Witness Name (please Print) _____

Witness Signature _____ Date: _____