

Applicant:

First Nation:

Screening & Application Form (Step 1)

Building a Path to Wellness

Jackson Lake Healing and Wellness Centre

Kwanlin Dün First Nation



Submit to: Britteny Johnson, Admin Support, Jackson Lake Wellness Team

Kwanlin Dün First Nation

21 McCrimmon Crescent, Whitehorse, Yukon Territory

Britteny.Johnson@kdfn.net Cell: 1-867-332-9552 Fax: 1-867-393-3253

Jackson Lake Wellness Phone: 1-867-633-2629

Colleen Geddes, Coordinator, Jackson Lake Wellness Team

Colleen.Geddes@kdfn.net Cell: 1-867-334-4697 Fax: 1-867-393-3253

Thank you for taking the time to complete this application.

Program Introduction

Jackson Lake Healing and Wellness Centre (JLHWC) 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 Building a Path to Wellness 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 have a strong belief 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 at the Centre. Programming is supported by mainstream methods and approaches in dealing with problems. The program addresses issues related to substance abuse and trauma and is designed to respond to mental health problems that may be part of the addictions and trauma patterns.

REFERRAL PROCESS

The Referral process is a two-step process:

Screening Form & Application-Step 1

The Screening and Application Form to be completed by the referring agent and/or participant. Please submit to JLWT by fax or email using the contact information on the front cover on the form. The completed form will be reviewed and a decision made and you will be notified.

Counselling Support Requirement

During the process of completing Step 1, each potential participant is asked to complete at least three hours of counselling with an approved counsellor or a member of the JLWT; such as counsellors from Kwanlin Dün Health, Alcohol & Drug Services, Residential Schools Support Services, Many Rivers, etc. The purpose is to assess readiness and to be as prepared as possible to gain maximum benefit from the 4-week program.

Medical Assessment-Step 2

If the admission criteria is met based on the review of the completed Screening Form (Step 1), the referring agent will be notified. The Application Form (Step 2) MUST be completed and submitted to Jackson Lake Wellness Team (JLWT) as soon as possible. A “yes” on the Screening Form does NOT mean definite acceptance to the Program but all effort will be made to offer a place in the Program if possible.

Acceptance

You will be notified if you are accepted into the Program. A follow up letter with Guidelines and a “What to Bring” list will follow.

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

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 _____

Residential School Information

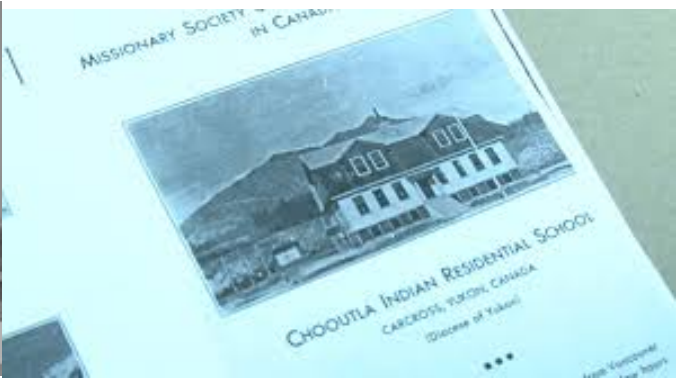
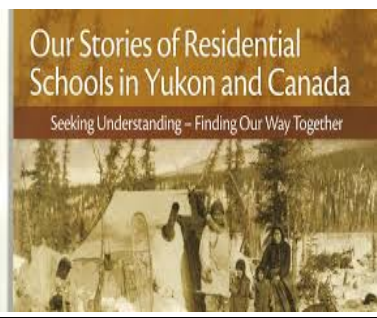
THIS FORM **MUST BE COMPLETED IN FULL FOR APPLICATION TO BE ACCEPTED**

IF NOT COMPLETED, APPLICATION WILL BE RETURNED TO REFERRAL AGENT

Name of Parent/Guardian who attended: _____

Date of Birth/s: _____

Name of Residential School/s: _____



Do I have an Addiction:

Ask yourself the following questions and answer them as honestly as you can.

1. Do you lose time from work due to drinking/drugging? _____ Yes ___ No
2. Is drinking/drugging make your life unhappy? _____ Yes ___ No
3. Do you drink/drug because you are shy with other people? _____ Yes ___ No
4. Is drinking/drugging affecting your reputation? _____ Yes ___ No
5. Have you ever felt remorse after drinking/drugging? _____ Yes ___ No
6. Have you gotten into financial difficulty as a result of
Drinking/drugging? _____ Yes ___ No
7. Do you turn to companions and environments where
you are supported when drinking/drugging? _____ Yes ___ No
8. Does your drinking/drugging make you careless of
Your family's welfare? _____ Yes ___ No
9. Has your ambition decreased since starting? _____ Yes ___ No
10. Do you crave a drink/drug at a definite time daily? _____ Yes ___ No
11. Do you want a drink/drug the next morning? _____ Yes ___ No
12. Does drinking/drugging cause you to have difficulty? _____ Yes ___ No
13. Has your ability to work effectively decreased since
Drinking/drugging? _____ Yes ___ No
14. Is drinking/drugging put your job or business at risk? _____ Yes ___ No
15. Do you drink/drug to escape from worries or trouble? _____ Yes ___ No
16. Do you drink/drug alone? _____ Yes ___ No
17. Have you ever had a complete loss of memory as a
Result of drinking/drugging? _____ Yes ___ No
18. Has your doctor/nurse ever treated you for drinking/drugging? _____ Yes ___ No
19. Do you drink/drug to build up your self-confidence? _____ Yes ___ No
20. Have you ever been to a hospital or institution because
Of drinking/drugging? _____ Yes ___ No

*Thank You for being honest with yourself. If you have answered yes to several of these.
We are so happy you have chosen a healing path.*

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

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.

I _____ agree and will commit to myself and my healing to maintain contact and participate in activities with my supports and with Jackson Lake outreach worker/team.

I give permission for Jackson Lake staff to maintain contact with my supports I have named here.

Supports in Family:

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

Supports in Community

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

Signature

Date

Witness

Date

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. _____
2. _____
3. _____
4. _____
5. _____

To the following agency (ies):

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

Participants Signature: _____

Witness Signature: _____

Date: _____

Permission to Provide Information

I _____ (participants name) do hereby affirm the following information to be true. This information is for Building a Path to Wellness 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;

Drugs that will need to be continued to be taken during the program: _____

- Not require planned (not emergency) hospital care or detox facilities after beginning of program;

- 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 and have the forms signed by a qualified physician/nurse as part of the Admission Form(Step 2) process;
- Have a valid Yukon or other medical care card;
- Further information or plans: _____

Thank you for completing this Screening Form- please submit as soon as possible to:

Britteny.johnson@kdfn.net &/OR colleen.geddes@kdfn.net

Cell: 867-332-9552

Cell: 867-334-4697

Phone: 867-633-7800 ext.613

Fax: 867-393-3253