



Building a Path To Wellness

**Jackson Lake Land-Based Healing Program
Department of Justice, 35 McIntyre Drive, Kwanlin Dün First Nation,
Whitehorse, Yukon Territory, Y1A 5A5**



**Ms. Jeanie Dendys, Department of Justice, Kwanlin Dun First Nation, 35 McIntyre Drive,
Whitehorse, Yukon Territory, Y1A 5A5**

Thank you for taking the time to complete this application.



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Building A Path To Wellness September 6 to 26, 2011

Jackson Lake Land Based Healing Program is located about 15 kilometers southwest of Whitehorse by the serene shores of Jackson Lake on the traditional lands of the Kwanlin Dun First Nation.

The mission of JLL-BHP is to strengthen the ability of all Yukoners to live healthy, connected and fulfilling and resilient lives. Program staff have a strong belief in the *healing power* of the land and cultural traditions.

As such, land-based, cultural and ceremonial activities form a central focus in all aspects of programming. Programming will address issues related to substance abuse, trauma (physical and sexual abuse, unresolved grief), and the many intergenerational traumas associated with residential school.

By utilizing traditional methods and teachings as guiding principles to promote personal, family and community wellness the mission of JLL-BHP is to:

Provide a supportive, land-based, holistic and compassionate environment based on the integration of traditional & modern knowledge in order to create balance & self empowerment



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REFERRAL PROCESS

As the referral person, it would be appreciated if you could follow these procedures when referring potential participants to the JLL-BHP.

- Review the *Admission Criteria* to determine the appropriateness of this program for your prospective applicant.
- Complete and return the Application forms to:

Ms. Jeanie Dendys
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- Ensure that the following Application forms are submitted as part of the application.
 - Application Form
 - Camp Guidelines Agreement
 - Personal Information
 - Participant History
 - Contact Assessment
 - Consent for Treatment
 - Medical Evaluation
- Some people can have unreasonable expectations of a healing program. This program is likely to be inappropriate for those who are attending in order to: get their children back, comply with a court order, to “look good for court”, “my wife/brother/father/mother/husband/children/other family members” want me to come.
- Upon receipt of **all of the forms**, the referring person and/or client will be notified of admission status.
- If your client is on probation or involved with the Justice System, it is imperative that information pertaining to court or probationary orders be included in the appropriate spaces in the assessment package. Your client must also submit a copy of the parole,

probation or temporary absence order. All clients must be available for the entire program. Court appearances are must be negotiated with the Program Manager prior to the start of the Program. Please discuss the admission Criteria and Camp Guidelines for Residents with the potential participant.

- Discuss follow-up and after-care plans with your clients. During the latter part of the program, each participant will prepare a personal Recovery Plan and the counselor will write a closing report summarizing each applicant's progress. The recovery plan and closing summary are available with a signed release.
- Ensure your client has a valid medical care card and that coverage is adequate.
- Ensure your client is aware of clothing and personal needs including items on the list below–
 - Heavy shoes appropriate for trail walking
 - Slippers/light runners,
 - women – large towel, long flannelette/cotton gown (covering to the neck, ankles and wrists),
 - swimsuit,
 - towels (we do **not** supply),
 - toiletries (shampoo, toothpaste, razors, feminine needs, etc.),
 - writing paper, envelopes,
 - personal arts and crafts projects,
 - musical instruments are allowed.
- At least ten days prior to admission, confirm that all the forms are completed. Registration is limited to 16 participants. Participants are accepted on a first come first served basis.
- Upon arrival, participants and family will participate in a *First Step Celebration* to mark the beginning of their walk on a new path. During the opening circle participants will be welcomed, supported and encouraged by family, dignitaries and program staff. This ceremony will assist in the creation of safety, trust and hope for all. During this Welcoming Ceremony, a tour of the camp will be offered, the program introduced and expectations clarified. By bedtime, participants will have taken their first major steps in the settling-in process.



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JLL-BHP Participant Admission Criteria

To be admitted to the JLL-LHP, prospective participants must –

- Be 19 years or older;
- be emotionally, mentally and physically able to participate in intense counselling situations and challenging land-based activities;
- not** have consumed illegal drugs or alcohol for a period of at least one week prior to admission;
- be free of any psycho active/mood altering drugs, painkillers, sleeping pills, or tranquilizers that are being used addictively for one month prior to admission;
- be aware that any clients arriving intoxicated or with alcohol, psycho active/mood altering drugs, painkillers, sleeping pills, or tranquilizers may not be accepted into the program unless their use is pre-approved by JLL-BHP's consulting physician;
- not have appointments to attend during the program such as doctor, physiotherapist, dentist, chiropractor, child care.
- not have any legal issues before the courts. Resolution and sentencing must be complete before admission package is accepted.
- express the motivation desire to change his or her present life-style, behavior, thinking or relationships.
- complete a pre-admission medical and have the forms signed by a qualified physician (including a TB skin test or chest x-ray result from tests completed within the last year);
- not** require hospital acute care or detox facilities;

- working with physician to ensure appropriate care for all infectious disease
- have a valid medical care card.



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JLL-BHP Application Form

If the client answers “No” to any of the questions – 1 through 5, he/she is not likely ready for intensive land-based treatment and the following recommendations should be taken into consideration –

- Could become involved in sober/clean social and recreational activities.
- Refer to an addictions counselor, AA meetings or another self-help group, where applicable.
- Conduct a re-assessment of readiness for treatment again in three to six months.
-

- | | | |
|--|---------|--------|
| 1. Applicant expresses a motivation to change his/her life situation? | ___ Yes | ___ No |
| 2. Applicant is able to routinely do physical, emotional, mental and spiritual activities associated with daily camp living; including self care, chores, healing and land-based activities? | ___ Yes | ___ No |
| 3. Applicant is able and willing to be involved in intensive group and individual counselling activities? | ___ Yes | ___ No |
| 4. Applicant has aftercare plans – | | |
| - for basic needs? (e.g. housing, finance, etc.) | ___ Yes | ___ No |
| - for community support/self-help? | ___ Yes | ___ No |
| - to continue cultural/spiritual activities? | ___ Yes | ___ No |
| - other (specify) _____ | ___ Yes | ___ No |
| <hr/> | | |
| 5. Applicant has family/friends to support him/her being clean/sober after treatment? | ___ Yes | ___ No |
| 6. Applicant’s expression of anger when clean/sober is harmful to self, others or property? | ___ Yes | ___ No |

7. Applicant is aware that JLL-BHP is not able to accommodate personal obligations or appointments during the treatment cycle?

Yes

No



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JLL-BHP Camp Guidelines

To all participants – The following guidelines will assist everyone to create a safe and healing camp environment. Please read the guidelines carefully.

1. ALCOHOL AND DRUGS

- a. There will be absolutely *no* alcohol or non-ermitted drugs allowed at the JLL-BHP camp 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- for calarification please see policy).
- b. All medications (including over the counter medicines) are to be turned in to our staff upon arrival at JLL-BHP.
- c. During the program, other addictions, dependencies and/or related behaviors patterns 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 checks may be completed by staff throughout the Program.
- e. If you arrive with prescriptions not noted on your Application Paperwork, you will need to meet with JLL-BHP consulting physician to discuss.
- f. JLL-BHP does not have the facilities to handle methadone clients or medicinal marijuana.

2. 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 (at the end of Week 2) – pre-approved family and guests will be allowed to visit and participate in camp activities.
- c. Visitors under the influence of alcohol or drugs or who have non-permitted substances on their person are prohibited.
- d. Sexual relations between residents and visitors are prohibited.
- e. You are responsible for your visitors and informing your visitors of the Camp Guidelines.
- f. Cellular phones and pagers are not to be used by Applicants or visitors at JLL-BHP.
- g. Visitors will not be allowed in private living area of participants.
- h. Participants are requested to give cooks 24 hours notice regarding the names and number of visitors who will be attending Sunday program. This information will assist in planning.

3. HEALTH AND SAFETY

- a. Smoking is not allowed in the buildings or tents. Smoking is allowed outside the Camp Structures. Ashtrays/Butt-cans are supplied and participants will be expected to use them. Smokers are responsible to keep ashtrays clean. Smokers are expected to gather all butts to ensure the cleanliness and safety of the land. (We strongly discourage pregnant women from smoking).
- b. All medication will be turned over to the administration office upon admission to JLL-BHP. Staff will monitor the administration of medications.
- c. Each participant is responsible for maintaining living quarters.
- d. JLL-BHP is a community and all staff and participants will be assigned regular daily camp chores.
- e. If concerns develop regarding applicant's health a referral may be made to the JLL-BHP consulting physician.
- 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.

5. SCHEDULE

- a. Participants are expected to be up in the morning by 6:45 AM during the week and by 10:00 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. Participants are expected to attend all gatherings and ceremonies and assist in hosting visitors.

6. GENERAL HOUSE GUIDELINES

- a. No sexual relations between residents or with staff.
- b. Walks must be groups (two or more). 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 JLL-BHP at all times, except when accompanied by staff or on pass.
- d. You are responsible for all your personal belongings and effects. JLL-BHP 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. Residents are responsible for their own transportation to and from the Centre.
- i. **No** videos are to be brought in from outside the Program.
- j. The Spiritual Tent is a sacred place in the Camp; we ask that you respect the circle at all times.



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Camp Guidelines Agreement

I understand the Camp Guidelines and agree to follow them.

Resident's Name (please print) _____

Signature _____

Date _____

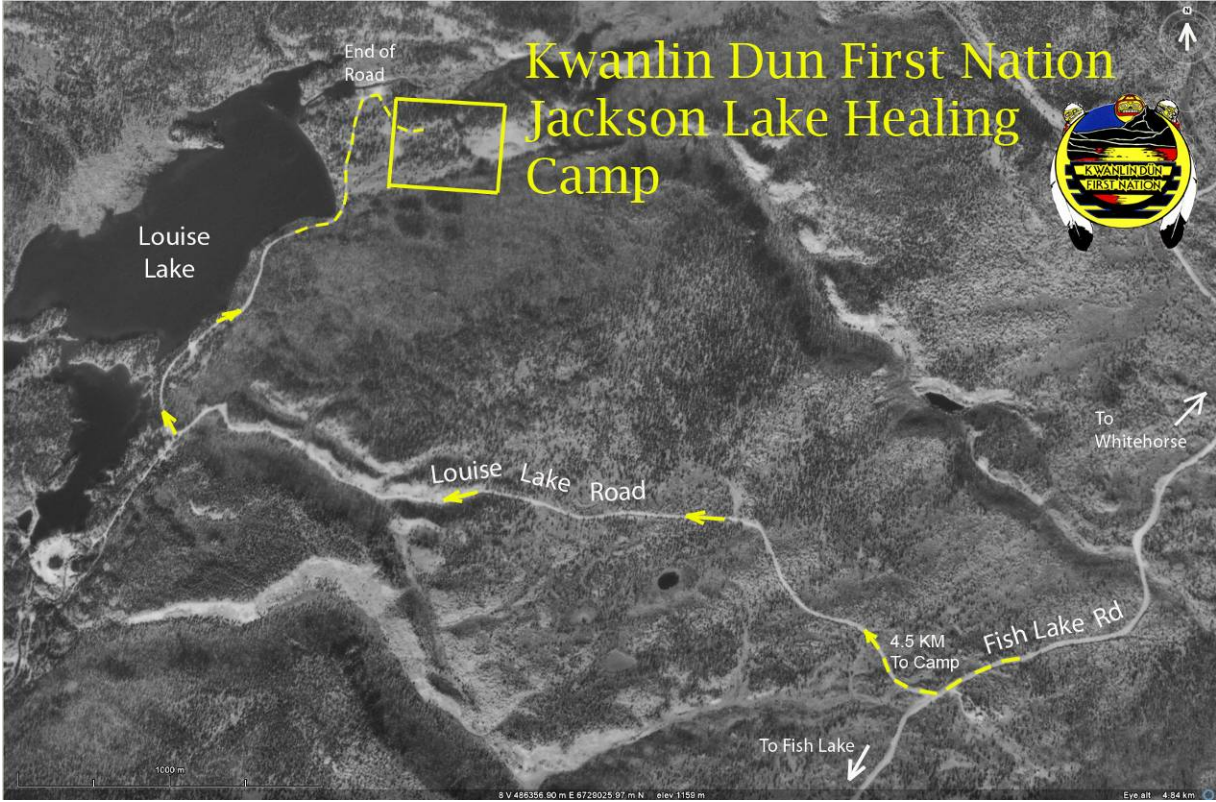


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JLL-BHP Location

The JLL-BHP is located approximately 15 Kms south of Whitehorse on KDFN traditional lands. Proceed South on Fish Lake Road for approximately 8 Kms. Turn right off of Fish Lake Road on the Jackson Lake Road at JLL-LBH sign. Continue for approximately 2 Kms and you will be at JLL-BHP camp



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Buildin a Path To Wellness
Getting to Know Your Story

Name of Applicant _____

Name of Referral Worker _____

Referral Agency _____

Address: _____

Telephone: _____ Fax: _____

Email Address: _____

Date of Referral _____ Received _____

CONFIDENTIAL

Contents of Getting To Know Your Story

The primary purpose of the “Getting to Know Your Story” process is for the applicant to help staff at JLL-BHP to understand the strengths and needs of each applicant including information about:

- I. **Personal Information** – basic information.
- II. Applicant **History** – an overview of the applicant’s past circumstances.
- III. **Current Concerns** – an assessment of the applicant’s current problem(s).
- IV. **Consent Form** – expression of a willingness to participate in healing programming.
- V. **Consent for Release of Information** – applicant’s consent to allow the package of information to be sent to JLL-BHP.
- VI. **Pre-Admission Medical Evaluation** – an evaluation of the applicant’s health. The first page is to be filled out by the and referral source; subsequent pages are filled out by the physician.

PERSONAL INFORMATION

Surname (legal name) _____ Given Name _____

Traditional Name: _____

Health Insurance Number _____ Birth Date (Day/Month/Year) _____

Sex Male Female

Street (Permanent Address)

City _____ Province _____ Postal Code _____

Email Address _____ Telephone _____

Social Insurance Number _____

Marital Status

Single Married Common-Law Separated
 Divorced Widowed

Employment Status (present employment situation)

Self Employed Homemaker Job Training Seasonal
 Permanent Retired Student Temporary
 Unemployed Part-Time

Income Source (present source)

Job UIC Pension Income Assistance
 Family None Interest Other (specify)

First Nation _____

Status Number _____

Family Type

Living Alone Living with Spouse
 Living with Parents Single Parent
 Living with Friends with Spouse & Children
 with Extended Family Other

Next of Kin _____ Relationship _____

Address _____

_____ Telephone _____

Highest level of Education

No Education Primary School Junior High Secondary
 Some Secondary Trade School University
 Adult Education Community College

Location of Education

Residential School Public School

Legal Status (present involvement)

Not Applicable Parole Probation
 Temporary Absence Other

Usual Occupation _____

Languages Spoken _____

Were you ever in a **treatment centre**? Yes No

Year _____ Number of Times _____ Location _____
Year _____ Number of Times _____ Location _____
Year _____ Number of Times _____ Location _____
Year _____ Number of Times _____ Location _____
Year _____ Number of Times _____ Location _____
Year _____ Number of Times _____ Location _____

Substances Abused

Primary Drug of Choice _____ Most Recent Use (Day/Month/Year) _____

Alcohol Hallucinogens Narcotics
 Prescription Drugs Solvents/Inhalants Other

Secondary Drugs of Choice _____

Referral Source (please check)

Addictions counselor Other Outpatient Clinic
 WCC Probation officer
 Residential Treatment Centre Social Worker
 ADS Detox Unit Court Worker
 Hospital/Nursing Station Employer Family

Will applicant continue working with referral source after treatment? Yes No

If not, to whom is the applicant being referred? _____

Address _____

_____ Telephone _____

TWENTY QUESTIONS

Do you have an addiction ?

To answer this question, 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 difficulties as a result of drinking/drugging? _____ Yes _____ No
7. Do you turn to companions and an environment where addictions 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 drinking/drugging? _____ 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 in sleeping? _____ Yes _____ No
13. Has your ability to work effectively decreased since drinking/drugging? _____ Yes _____ No
14. Is drinking/drugging jeopardizing your job or business? _____ 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 physician 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

If you answered YES to two or more questions, you may have an addiction problem.

II. Applicant History

Chemical Dependency

1. History of past and current substance use

DRUG CLASS	Ever Used? If Yes, Age First Used?	Use In Past Year?		NUMBER OF DAYS USED IN PAST 3 MONTHS				Is Use a Current Problem?		# Years of Problem Use?	Usual Mode of Admin. 1 Oral 2 Nasal 3 Inhale/Smoking 4 Inject 5 Other	PATTERN OF ABUSE					
				Past 30 Days		Past 31-90 Days						Daily	Weekly	Monthly	Binge		
		Yes	No	Days of Use	Uses Per Day	Days of Use	Uses Per Day	Yes	No								
Beer																	
Wine																	
Hard Liquor																	
Listerine, etc.																	
Marijuana / Pot																	
LSD																	
Ecstasy																	
PCP																	
MDA																	
Mescaline																	
Mushrooms																	
Heroin																	
Morphine																	
Codeine (T3)																	
Sleeping Pills																	
Tranquilizers / Anti-anxiety																	
Cocaine																	
Crack																	
Methamphetamine / Speed																	
Gasoline																	
Glue																	
Solvents																	
Aerosols																	
Other																	

2. Does the applicant perceive himself/herself as having any other addictive behaviour? If yes, what? (e.g. bingo, casino, sex, food, work, shopping, relationships, TV, etc.) _____

3. Please describe the applicant's reactions to substance abuse (Please indicate all effects experienced)

- Hangovers Shakes Seizures DT's
 Ulcers Cirrhosis Heart problems Blackouts
 Behavioural changes/problems Tolerance levels Withdrawals
 Pre-occupation with use Use upon waking
 Attempts to control use
 Other _____

4. Is someone else's drug or alcohol use negatively affecting the applicant's life?

Yes No

(If yes please describe) _____

What is their relationship to the applicant? _____

For how long has this been going on? _____

5. On a 1 to 10 scale with 1 being least healthy and 10 being most healthy how would you evaluate the applicant's current state of Spiritual, Physical, Emotional and Mental health (Circle the appropriate score):

Spiritual _____
1 2 3 4 5 6 7 8 9 10

Mental _____
1 2 3 4 5 6 7 8 9 10

Emotional _____
1 2 3 4 5 6 7 8 9 10

Physical _____
1 2 3 4 5 6 7 8 9 10

Physical Needs

1. Is the applicant comfortable with her weight? __Yes__No (Please Elaborate)_____
2. Has the applicant ever taken drugs to control her weight? _____
3. Does the applicant have a history of anorexia or bulimia? _____
4. List significant nutritional issues (i.e. obesity, diabetes). _____

5. Does the applicant have specific goals for her physical health? _____

6. Is a special diet required during the applicant’s stay at JLHWC? If yes, give details. _____

7. Does the applicant have any significant past and/or current medical issues (e.g. cancer, diabetes, heart disease, Liver disease, contagious disease, etc.)

Emotional/ Mental Health Needs

1. Please describe any current emotional/mental health needs/issues _____

2. Does the applicant report any history of depression or anxiety Yes___ No ___ (Please describe)
3. Does the applicant have any problems with sleeping or eating? __Yes __No (If yes, is medication used for this problem?)

4. Has the application ever thought of suicide? Yes ___ No ___ (Please describe)

5. Does the applicant have a history of significant loss, abuse or other trauma?

Yes ___ No ___

(Please describe)

6. Has the applicant had any history of involvement with the following –

Alcoholic Anonymous	When? _____	How long? _____
Narcotics Anonymous	When? _____	How long? _____
Psychologist	When? _____	How long? _____
Psychiatrist	When? _____	How long? _____
Counsellor/Friendship Centre	When? _____	How long? _____
Mental Health	When? _____	How long? _____
Treatment Centre	When? _____	How long? _____
Social Services	When? _____	How long? _____
Detox	When? _____	How long? _____
ADS/Addictions Counselling	When? _____	How long? _____
Other Support Groups	When? _____	How long? _____

Please give details of the outcome of the above involvements. _____

7. Please describe the applicant's emotional and mental strengths/gifts/resources

Spiritual/Cultural Needs

1. Ancestry/ First Nation _____
2. Is the applicant involved with spiritual practices, cultural events, native healers, self-healing practice.(Please describe). _____

3. Please describe the applicant’s past and present spiritual/philosophical and religious values/practices/ceremonies/etc.. _____

SOCIAL HISTORY

Current Family Situation

1. Please list the names and ages of all of the applicant’s children and where they currently reside.

Child’s Name	Age	With whom do they reside?

Family of Origin

1. Is family of Origin (e.g. parents, grandparents, uncles, aunts, siblings, etc.) considered to be a significant source of support in the applicant’s current life?
___ Yes ___ No
(Please identify significant family supporters)

2. Was the applicant parented by biological parents ? ____ Yes ____ No
If no, by whom was the applicant raised? _____

3. Was there alcohol or drug abuse in the applicant's family of origin ? ____ Yes ____ No
(If yes, please describe the nature of the abuse and the impacts on the applicant). _____

4. Has there been a death in the family due to substance abuse? ____ Yes ____ No

5. Has the applicant witnessed or experienced domestic violence (i.e. emotional, physical, and/ or sexual abuse) in their family of origin?(if yes please describe)

Marital/Common-law

1. If coupled, how long has the applicant been involved in present marital/common-law situation? _____

2. How many previous marital/common-law relationships has the applicant had? _____

3. Has there ever been any history violent or abusive behavior (emotional, physical and/or sexual), in any of the client's relationships? ____ Yes ____ No
If yes, please describe _____

(If the applicant has any history of violence towards others, please refer to "Treatment Agreement for all Violent Offenders " at the end of this package).

- 4.. If alcohol or drug abuse is identified as an issue, how has it affected the marital/common-law relationship? _____

5. What is working well in the applicant's current relationships? _____

6. What would contribute to improvement in these relationships? _____

Social/Support

1. Indicate the applicant's potential support network, i.e. family, friends, religious organizations, healers, cultural organizations, self-help groups. _____

2. To whom does the applicant actually turn for support? _____

3. Does the applicant identify the need for additional emotional or social support? __Yes__ No
(Please elaborate) _____

Legal

1. Does the applicant have a history of any criminal convictions? (If yes, please describe the charges and sentence received) _____

2. Are there any outstanding legal issues? __Yes __No? (Please describe in detail)

3. Is the applicant presently on
___ Parole? ___ Probation? ___ Incarcerated?
4. Name and phone number of Probation Officer. _____

5. Are there any outstanding child custody issues? _____

6. Has any of the applicant's legal history related to sexual offending and/or violence? __Yes No__ (If yes, please give details).

Employment

1. Please describe the applicant's past and present work history). Note number of previous jobs and reasons for leaving. _____

2. How has addiction affected the applicant's past and/or present employment? _____

III. ASSESSMENT

PRESENTING PROBLEM

1. What precipitating event(s) took place that caused the applicant to seek help at this time? Include relevant details surrounding the event(s). _____

2. Is the applicant's motivation to attend *Building A Path To Wellness* coerced (includes attendance required by law) or voluntary? Give details. _____

Applicant's Understanding of the Presenting Problem

1. How does the applicant describe the presenting problem?

2. Does the applicant identify substance abuse issues? ___ Yes ___ No
(If Yes, Please elaborate)

3. Does applicant express a motivation to change his/her life situation? ___ Yes ___ No

4. Does the applicant feel/believe that traditional First Nation culture and values to be a significant aspect of the change process? ___ Yes ___ No – Please explain

SPECIAL NEEDS

- 1. Has the applicant been physically or sexually abused? Yes No
- 2. Has applicant disclosed sexual offending behavior? Yes No
- 3. Does the applicant have any physical limitations that would prevent her/him from doing: daily chores, recreational, land-based and cultural activities?
 Yes No (please explain)

- 4. Does the applicant require a wheel chair accessible room (tent)/ washroom facilities?
 Yes No

- 5. Does the client have any special needs that JLL-BHP staff needs to be aware of?
 Ye No (If yes please explain)

- 6. Does the client have any allergies Yes No
(If yes please describe) _____

- 7. Does client require an epi-pin? Yes No

Please ENSURE that client brings epi-pin if needed!!

- 8. If you answered "Yes" to any of the above questions, please provide details regarding any required management to ensure appropriate and respectful care of

REFERRAL

1. Is client in an on-going relationship with the referral person? ___ Yes ___ No

2. If yes, how much contact in the last six months? _____

3. Will relationship continue after referral? ___ Yes ___ No

4. Will referral person be doing follow-up after program completion? ___ Yes ___ No



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Client Release of Information Form

I, _____, hereby request and permit Jackson Lake Healing and Wellness Camp to forward my discharge summary to _____.

Client's Signature _____ Date _____



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IV. Consent For Healing

I, _____ (name of client), understand that my participation in the Building a Path To Wellness at Jackson Lake Healing and Wellness Centre (JLL-BHP) requires that I be informed that:

- The ***Building a Path To Wellness*** program is a continuous three (3) week program that begins upon my arrival and ends following the Home Coming ceremony,
- There is a schedule of events (some being traditional, cultural and ceremonial) and activities (some being physically demanding and on the land in sometimes inclement weather) which will require my full participation, and
- If I am found to be in the possession of or under the influence of drugs or alcohol I may be asked to leave the Program .

I understand for a participant and staff to work effectively, the healing program will include –

- Traditional ceremonies and rituals
- Talking Circles
- Cultural Activities (e.g language instruction, drum making, drumming sewing, singing, dancing, etc.)
- Land-based activity (e.g. Hunting, walking, berry picking, collecting medicinal plants, fishing, etc.) ,
- Circles with Elders
- Group therapy sessions/individual counselling sessions, lifeskills training/sessions
- Alcoholic Anonymous/Narcotics Anonymous meetings,
- Contact with my referral sources, and
- Maintenance of confidential client records as stated in the *Privacy Act*.

I understand that healing is a long-term process. Therefore, I agree to be involved with after-care.

I am aware that whenever people gather, such as at home communities, social and spiritual functions, family and healing programs, etc., there may be identified and unidentified individuals in attendance who may have a history of violent behavior. This is also true of JLHWC.

I also understand that I can withdraw or amend my consent to the release/request of information at any time.

I understand the explanation of the above points and the above-named program and guidelines and I, therefore, consent to participate in healing programming at JLHWC.

Client's Signature _____ Date _____

Referral Worker's Signature _____



Building a Path To Wellness
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Department of Justice, 35 McIntyre Drive, Kwanlin Dün First Nation,
Whitehorse, Yukon Territory, Y1A 5A5

V. CONSENT FOR RELEASE OF INFORMATION

This section is to be filled out if a referral is made and information from JLL-BHP pertaining to a client is required during or after a program is completed:

Applicant Name _____

Date of Birth _____

I, _____ (Applicant's name), hereby give my permission for Jackson Lake Healing and Wellness Centre to release information to (name and address of agency providing information)

regarding my involvement in programming at JLL_BHP. Please describe any limitations or restrictions on information that can be shared:

I understand that no other information will be released to any other persons without my written consent unless these persons have a court order or are concerned with my medical treatment in an emergency situation. I also understand that I can withdraw or amend my consent to the release/request of information at any time.

ALL INFORMATION IS CONFIDENTIAL in accordance with relevant statutes.

State date of consent _____

End date of consent _____

In order for this release to be valid, it must be completed in its entirety.

Applicant's Signature _____

Witness _____
(may be referring person or assessor)

Date _____



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VI. PRE-ADMISSION MEDICAL EVALUATION

Applicant's Name _____ Medical Number _____

Date _____

Referral Agency _____

Address _____

Consent for Release of Information

I, _____, hereby request and permit my physician 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.

Client's Signature _____

TO THE PHYSICIAN

The above named Applicant is to be medically assessed as a potential participant in our five week addiction 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 a program of intense counselling activity. **Jackson Lake Healing and Wellness Centre** requires an applicant to have had a complete physical examination prior to admission. In order for a Applicant to be successful in our program, the applicant has to be free of any psycho active/mood altering drugs, painkillers, sleeping pills, or tranquilizers that are being used addictively for a period of three months prior to admission.

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 treatment (MD is available for follow-up)

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**).

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

Hair, skin, nails (especially current or recent infestations or infections) Yes No

Ear, nose, throat Yes No

Musculo-skeletal system Yes No

Blood, lymphatic system Yes No

Cardio-vascular system Yes No

Respiratory system Yes No

GI system Yes No

GU system Yes No

CNS – especially hx of seizures Yes No

Past history of TB Yes No

9. Family History

Alcohol/drug problem Yes No

Psychiatric history Yes No

Adopted Yes No

10. Physical Examination

Height _____ Weight _____ BP/PR _____

	<u>Normal</u>	<u>Abnormal</u>
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 applicant being physically and mentally able to participate in group, one-to-one counselling and living in a land-based healing camp for three weeks? _____

All participants 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 applicant and find him/her to be fit to attend treatment.

Physician Signature _____ Date _____

Address _____

Telephone _____



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STATEMENT OF DECLARATION
for
Building a Path To Wellness

- 1. I understand that my participation in the **Building a Path to Wellness Program** requires that I am:
 - a) aware that JLL-BHP is not a crisis intervention centre.
 - b) **clean and sober for one week, or longer.**
 - c) free of any mood altering substances (including Tylenol #3, benzodiazepine and sleeping pills) for a period of 1 month, or longer.

- 2. I understand that it is imperative to the safety of all involved in the program that I be substance free. Disregarding this requirement may result in dismissal from the Program discharge.
 - a) Applicants are allowed prescriptions authorized by JLL-BHP's consulting physician.

 - d) aware that as part of my recovery care plan, I am committed to follow-up with my Counsellor/Therapist in my community upon completion of the Caring for the Circle Within program.

My Counsellor/Therapist may be reached at:

Name: _____ Phone: () _____
Address: _____ Fax: () _____

2. Please note, whenever people gather, such as at home communities, social and spiritual functions, family and treatment programs, etc. there may be identified and unidentified sex offenders present. This is also true of Jackson Lake Healing and Wellness Centre.

Signed by, _____ Date: _____

The Client

Referral Worker/ Counsellor/Therapist

HEALTH CANADA - NORTHERN REGION - IRS HEALTH SUPPORT PROGRAM

PARTICIPANT ELIGIBILITY FORM - IRS COMMUNITY EVENT

Submit to: Suite 100 - 300 Main Street, Whitehorse, Yukon, Y1A 2B5

Client Name & Date of Birth & Community	Check applicable box(es)				Residential School Affiliation
	Former Student	Lived with Former Student	Raised by Former Student	Claimant (Yes/No)	

Provider/Event Coordinator Signature

Date



KWANLIN DUN FIRST NATION
35 McIntyre Drive
Whitehorse, Yukon
Y1A 5A5

PERMISSION TO USE PHOTOGRAPHS

I grant to Kwanlin Dun First Nation, its representatives and employees, the right to publicly use photographs of me to promote and/or raise awareness of the Jackson Lake Healing Centre and related programs.

I agree that Kwanlin Dun First Nation may use such photographs of me, with or without my name, and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and web content.

I have read and understand the above:

First Name: _____ Last Name: _____
(please print clearly)

Signature: _____

Date: _____