



# WAASHKOOTSI NANAANDAWE'YEWIGAMIG



## Services

Traditional ceremonies and cultural teachings are combined with contemporary supportive counseling and wholistic health services for people seeking 'minobimaadiziwin' - a good life.

Residential programs accommodate clients at the healing lodge 24/7 for a 28 day cycle. Outreach services are also available, offering programs and workshops in communities.

Our goal is to support people to:

- ④ reaffirm their identity as Anishinaabeg through teaching about our culture and traditions
- ④ increase self-awareness, self-esteem and strength
- ④ learn from their experiences
- ④ take a wholistic approach to healing
- ④ strengthen skills for healthy daily living
- ④ be informed about current health issues affecting Anishinaabeg

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## Target Group

- ④ Anishinaabe residents of the Kenora/Treaty #3 area
- ④ 18 years of age and older (ceremonies and activities are open to youth aged 13-17)
- ④ Voluntary participants seeking to strengthen their abilities to relate to others in a positive way
- ④ Alcohol and street drug free for at least 5 days

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## APPLICATION/REFERRAL PROCESS

1. Applications will be accepted directly from participants. Referrals may also be made by community service providers and agencies.
2. Application packages are available by contacting the Program Coordinator at 1-888-MYWNHAC(699-6422), Fax: 807-543-1126
3. All completed application forms, including health information, must be submitted to the Healing Lodge via fax or e-mail **by the deadline stated in the program schedule**. Incomplete applications will not be accepted.
4. Once a completed application is received, the Program Coordinator will then contact applicant within 3 days to schedule an interview in person or via telephone with an Emotional Wellness Worker.
5. The Healing Lodge team will meet to review applications and interview results.
6. Applicants and/or referral agents will be contacted by phone and in writing when acceptance decisions have been made.
  - ④ Once sessions are filled, a 'stand-by list' is maintained. If cancellations occur, applicants on the stand-by list will be contacted.
  - ④ Clients must be **alcohol and substance free at least 5 days prior to attending our programs and have proof of abstinence.**
  - ④ Clients should arrive before noon on the first day of residential programs to complete the intake process.

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## Transportation

Clients must arrange their own transportation to and from the Healing Lodge, prior to acceptance into the program.



### HEALTH INFORMATION

**Instructions:** To be completed by a Physical, Nurse practitioner or Nursing Station. **Note:** This client is registered to attend a residential program. The Program is an intensive, 28 day program that promotes wholistic wellness, trauma, grief, and addictions issues.

PERSONAL (to be completed by client):			
Participant Name:			
DOB:		Health Card Number:	
First Nation:		Status No.:	

MEDICAL HISTORY							
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Does this person have any of the following health conditions? Please check:

arthritis	<input type="checkbox"/>	asthma	<input type="checkbox"/>	diabetes	<input type="checkbox"/>	high blood pressure	<input type="checkbox"/>
hearing problems	<input type="checkbox"/>	vision problems	<input type="checkbox"/>	digestive problems	<input type="checkbox"/>	tuberculosis	<input type="checkbox"/>
head injury	<input type="checkbox"/>	heart disease	<input type="checkbox"/>	seizures	<input type="checkbox"/>	pregnancy	<input type="checkbox"/>
ADHD	<input type="checkbox"/>	FASD	<input type="checkbox"/>	behavioral disorder	<input type="checkbox"/>	mental health condition	<input type="checkbox"/>

If any of the above are checked please describe history and impact on participation in healing lodge program (*attach additional pages if necessary*):


If ADHD, FASD, or behavioral disorder is checked, please describe effects and coping strategies engaged:


**Operations and/or Serious Illness** - please give approximate dates, names of physicians, medications involved and results in treatment:


<b>ALLERGIES:</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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If YES, please provide details:


<b>SPECIAL NEEDS:</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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If YES, please describe any special needs – including dietary requirements or conditions that require regular or ongoing monitoring - that may be relevant to participation in Healing Lodge program activities:


<b>IMMUNIZATIONS:</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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Please note that all residential program participants must be immunized in accordance with the *Recommended Routine Immunization Schedules of Ontario* prior to entering the program. Influenza immunization is also a requirement.


<b>MANTOUX TEST:</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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<b>COMMUNICABLE DISEASES:</b>		<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>	
If YES, please describe in some detail the nature of the disease and treatment or required information:				
<b>PSYCHIATRIC OR ADDICTIONS TREATMENT:</b>				
Please give approximate dates, treatment facilities, names of psychiatrist, results of treatment				
Has client ever considered or attempted suicide?		<input type="checkbox"/>	<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>
If yes, please comment on current risk assessment:				
Is this Client Medically Stable to attend a 28 day Program?		<input type="checkbox"/>	<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>
<b>MEDICATIONS - PURPOSE AND DOSAGE (it is very important that the participant has a four-week supply):</b>				

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Practitioner signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (please print)