Kackaamin
FAMILY DEVELOPMENT CENTRE

Rebuilding the Circle: Men's Healing. Growth, Health and Wellness

We are pleased to be a part of your healing journey.

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"Rebuilding the Circle" Men's Healing
September 5-15, 2022

This specialized program will offer group therapy, individual counselling, cultural support, and 12 Step program supports.

Rebuilding the Circle draws upon Western and Indigenous approaches to healing through a trauma informed lens. The Four Indigenous Values of Belonging, Kindness, Cooperation and Respect are interwoven into the program. This program offers tools to build a Cognitive Liferaft which help to regulate emotions, manage triggers and understand the effects of intergenerational trauma and how it affects the individual.

The program will explore:

- **Identifying feelings**
- **Self-regulation**
- **How to identify triggers**
- **Resilience**

Participants are asked to refrain from any and all drug and alcohol use during programming. Healing will be based on Traditional culture and ceremony- participants' need to have a clear mind and spirit to connect with the Creator and Ancestors.

Accommodation at Kackaamin Family Development Center will be provided

Please connect with Intake Coordinator, Julie Fontaine, at 250-723-7789 or julie.f@kackaamin.org for appropriate applications and for any questions or concerns related to programming application requirements.

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Thank you for choosing our program! We are looking forward to seeing you soon. Below is some information that you may be helpful in your preparations. Please call or email if you have any questions (250-723-7789 or julie.f@kackaamin.org)

How to get to our centre:

Use Google Maps and enter "Kackaamin Family Development Centre" in the search bar-this will bring up a map to our Centre.

From Hwy 19 to Parksville, then west on Hwy 4 (Exit 61) through to Port Alberni. Keep right, (past Walmart) automatically becomes Johnston Road, continue down Johnston to the bottom and turn right at the lights on River Road, go over the bridge and the first right is Beaver Creek Road, go 9.2 km up Beaver Creek Road, Kackaamin is on the left. If you are bring your own car, there is ample parking available at the Centre.

What to Bring:

- Shampoo, soap, tooth brush other personal items
- Care Card, Status card
- Comfortable modest clothing is required
- Snacks
- Alarm clock/Radio
- Water bottle and travel coffee mug with lid
- Small blanket for cooler weather, in group and for outside activities as needed
- Towels for your unit
- Two week's groceries for your unit. Please note: You need to bring all spices, condiments and baking supplies as they are not provided. Shopping will be arranged weekly.
- Medications to be blister packed for easy dispensing and to limit staff/client physical contact
- Bedding is provided and laundry facilities are onsite.

Note:

CELL PHONE USE DURING PROGRAMMING WILL NOT BE TOLERATED. WE HAVE LANDLINE AVAILABLE FOR COMMUNICATION PURPOSES.

Guidelines

- No alcohol or drugs are allowed at the Centre
- Smoking is permitted in designated areas
- Please leave all valuables at home
- Participation is a requirement in all aspects of the program
- Attached medical MUST be completed and submitted to KFDC by a physician or nurse practitioner for consideration of admittance to program.
- Participants MUST be socially isolating 5 days before program start date for acceptance/ admission to center.
- Applicants MUST be available for pre-treatment screening phone call by KFDC clinical/ team prior to program start date.

Check out our website at www.kackaamin.org for photos of our centre.

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Rebuilding the Circle: Men's Healing. Growth, Health and Wellness Application

PLEASE PRINT CLEARLY

IDENTIFYING INFORMATION

LAST NAME	FIRST NAME	KNOWN AS
DATE OF BIRTH (YYYY MON DD) ❑ MALE ❑ FEMALE	TELEPHONE	EMAIL
ADDRESS	CITY	PROVINCE / POSTAL CODE
ABORIGINAL ANCESTRY ❑ YES ❑ NO	BAND NAME	ON RESERVE ❑ YES ❑ NO
CARE CARD NUMBER	STATUS NUMBER (10 DIGIT NUMBER)	
RESIDENTIAL SCHOOL - YES/ NO DAYSCHOOL YES/ NO	INTERGENERATIONAL : PARENTS YES/NO GRANDPARENTS YES/NO	

PERSONAL HISTORY

EMPLOYMENT STATUS ❑ WORKING ❑ S.A. ❑ E.I.C. ❑ OTHER	CHEMICAL USE HISTORY: i) Substance Used (1ist):		
❑ ALCOHOL	❑ STREET DRUGS	❑ PRESCRIPTION DRUGS	❑ INHALANTS
ii) Abuse Pattern	❑ DAILY ❑ MOSTLY WEEK-ENDS ❑ BINGE		

EMERGENCY CONTACT INFORMATION

EMERGENCY CONTACT SURNAME	EMERGENCY CONTACT FIRST NAME	RELATIONSHIP
TELEPHONE	EMAIL	CITY OF RESIDENCE

INFORMATION

Do you have physical limitations that prevent you from doing recreational or cultural activities	❑ YES ❑ NO	Do you require a wheel chair accessible unit?	❑ YES ❑ NO
Do you have any allergies (food, insect, medications) we need to be aware of		Please explain	
I understand and accept I may be placed in shared accommodation	❑ YES ❑ NO	I am committed to complete a structured program process focused on my wellness	❑ YES ❑ NO
I am willing to be involved in all types of intensive activities	❑ YES ❑ NO	I am willing to participate in First Nations Treatment program components such as daily smudge, pipe and other cultural ceremonies?	❑ YES ❑ NO
I am willing to put aside all external distractions while in the journey to the wellness program	❑ YES ❑ NO	Covid-19 Vaccination 1 2 3	

Kackaamin Family Development Centre Program Guidelines

- Clients must have a minimum 2 weeks of abstinence from any previously misuse substance.
- Smoking is allowed in the designated smoking areas
- Clients must have travel arrangements confirmed to and from the center
- Arrival time will be designated time on intake day- **ARRIVALS MUST OCCUR AT THE SPECIFIC TIME INDICATED UPON CONFIRMATION LETTER RECEIVED.**

TREATMENT NEEDS

Have you engaged in healing programs (healing circle, cultural practice, support groups or workshops)?
Trauma Please note any recent or past traumatic events you feel comfortable disclosing at this time.
Specific Treatment Please note any specific goals or needs (i.e. spiritual, mental, emotional, physical) that you have for treatment.
Specific Needs Please note any special needs, physical limitations, or other concerns you may have at our centre.

_____ _____

Client Signature Date

_____ _____

Referral Worker Signature Date

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MEDICAL ASSESSMENT	
Must be completed by medical personnel (e.g., Physician, Nurse Practitioner, Registered Nurse) Please print clearly.	
Date of Assessment/ Referral:	Are you the applicant's regular Physician/ Nurse? Yes ❑ No ❑
Applicants Name:	Date of Birth:
Personal Health Care Number:	Status Number:

CONSENT TO RELEASE CONFIDENTIAL INFORMATION

I, _____ (applicants name), hereby request and authorize _____ (Physician, Nurse Practitioner or Registered Nurse's name) to release medical information pertaining to myself to Kackaamin Family Development Center and to my referral worker acting on my behalf (listed above).

_____ _____

Applicant's Signature Date

_____ _____

Medical Personnel's Position/Title Date

_____ _____

Physician, Nurse Practitioner or RN's Signature Date

Informed Consent must be completed with the Patient.

*****Note: This form is applicable for one year after signed and dated. The Applicant may change or revoke this release at any time by giving notice to the treatment center in writing. *****

Specify any dietary requirements) allergies, intolerances, diabetes, etc.):

Current Medications (Names)	**Dose (ml/ng)**	**Reason for Taking:**	**How long has patient been taking?**

1) Have you reviewed client's medications personally? Yes ❑ No ❑
2) Does the applicant take prescribed narcotics or opioid medications? Yes ❑ No ❑

If yes- what for, what type and how often?

3) Does the applicant take prescribed medical marijuana in any form or oils containing CBD or THC? Yes ❑ No ❑

If yes- what for, what type and how often?

4) Is client taking all medications as prescribed? Yes ❑ No ❑

Medical History	**Comments**
Does the applicant have any communicable diseases? Yes ❑ No ❑	Please Specify:
Has the applicant been tested for Tuberculosis?	Date of test: _____ Results: Negative Positive

Yes ❑ No ❑ **<u>(Note: a TB screening is required for Admission.)</u>**	**Please attach test results and, if positive, chest x-ray results**
Does the applicant have any head trauma or cognitive impairment? Yes ❑ No ❑	Please Specify:
Does the applicant have a history of seizures? Yes ❑ No ❑	Type of Seizures- Please Specify: Date of last seizure:
Does the applicant have any chronic illnesses or conditions? Yes ❑ No ❑	Please Specify:
Does the applicant have any cardiovascular disorders or conditions? Yes ❑ No ❑	Please Specify:
Does the applicant have any allergies? Yes ❑ No ❑ Please Specify:	Does applicant require an Epi-Pen or Ana-Kit? Yes ❑ No ❑ ***NOTE- clients are responsible for their own epi-pens and Ana-Kit's- Kackaamin DOES NOT supply***
Is the applicant pregnant? Yes ❑ No ❑ N/A ❑	If yes, how many weeks.

Is client currently receiving specialized medical care? E.g. injections, dialysis, wound care, physio, chiropractor, etc.	Please specify condition being treated and the type and frequency of treatment being accessed.
Please provide blood pressure for applicant.	
Please provide resting heart rate for applicant.	

ANY CONCERNS WITH COVID-19 EXPOSURE?

Any recent travel off of Vancouver Island?	Yes ❑ No ❑
Any family members tested positive/ being treated for COVID-19?	Yes ❑ No ❑
Any community members tested positive or being treated for COVID-19?	Yes ❑ No ❑
Displaying any signs or symptoms of COVID-19?	Yes ❑ No ❑

ANY ADDITIONAL COMMENTS OR CONCERNS:

Please return completed medical to:

Julie Fontaine
Intake Coordinator
Kackaamin Family Development Center
PH: 250-723-7789 FAX: 250-723-5926
Email: julie.f@kackaamin.org