



Kackaamin
FAMILY DEVELOPMENT CENTRE

wiiwiik'ityak mah'tii - Safe Haven



Kackaamin
FAMILY DEVELOPMENT CENTRE

SAFE HAVEN

Wiiwiik'ity'ak mah'tii

APPLICATION

December 23 – January 2, 2025



6 November 2024

Kackaamin Family Development Centre will be accepting approximately 6-7 families for our Safe Haven this year: December 23, 2024 – January 2, 2025.

The goal of Safe Haven is to provide a safe, sober space for families to spend their Christmas and New Years holiday.

This year, we will provide some *light activities* such as decorations for their cabin tree, cookie making and decorating, fireworks (New Years Eve), and s'mores/hotdog roast.

We will have limited staff onsite, including a counsellor and someone to run AA/NA if needed.

Program Admission Requirements

Please note admission requirements for our site always include prioritizing safety of children.

- Legal: Guardianship of children, relevant legal orders must be honoured. KFDC family programs do not accept clients with a history or criminal conviction of sexual offences.
- Detox and sobriety: minimum of 3 weeks abstinence from any substance and a strong desire to maintain sobriety.
- No deliveries or visitors: this is to protect the family's privacy and confidentiality.
- Funding: Families will need **groceries**, **travel funds**, and **transportation** to/from Kackaamin.
- Intake Day: Families must arrive on Intake Day December 23 between 12pm-4pm.
- How do you know when your family has been accepted?
 - A Confirmation Letter will be sent to the family (and referral worker if indicated) to inform them that they are accepted, as well as more information such as 'What to Pack.'

Kackaamin Intake Team:
(Business Hours) Phone: 250-723-7789

Fax: 250-723-5926

<http://www.kackaamin.org>



APPLICATION DATE: _____
 REFERRAL/COUNSELLOR NAME: _____
 REFERRAL/COUNSELLOR CONTACT INFO: _____

The following information is required for all clients attending Kackaamin programs and are important in case of emergency.

MAIN FAMILY CONTACT			
LEGAL FIRST NAME:		PH:	
LEGAL LAST NAME:		EMAIL:	
HOME ADDRESS:			
MAILING ADDRESS:	Same as Home Address <input type="checkbox"/>		
NATION:		STATUS #:	
CARE CARD #:		ALLERGIES:	
MEDICATIONS: <i>Prescription & non-prescription, PLEASE WRITE: NAME / AMOUNT / DOSE;</i>			

Please ensure your medications are up to date before coming.

FAMILY MEMBERS ATTENDING			
FIRST NAME:		LAST NAME:	
D.O.B:		STATUS:	
CARE CARD:		NATION:	
ALLERGIES:			
MEDICATIONS: <i>Prescription & non-prescription, PLEASE WRITE: NAME / AMOUNT / DOSE;</i>			

FIRST NAME:		LAST NAME:	
D.O.B:		STATUS:	
CARE CARD:		NATION:	
ALLERGIES:			
MEDICATIONS: <i>Prescription & non-prescription, PLEASE WRITE: NAME / AMOUNT / DOSE;</i>			

FIRST NAME:		LAST NAME:	
D.O.B:		STATUS:	
CARE CARD:		NATION:	
ALLERGIES:			
MEDICATIONS: <i>Prescription & non-prescription, PLEASE WRITE: NAME / AMOUNT / DOSE;</i>			

FIRST NAME:		LAST NAME:	
D.O.B:		STATUS:	
CARE CARD:		NATION:	
ALLERGIES:			
MEDICATIONS: <i>Prescription & non-prescription, PLEASE WRITE: NAME / AMOUNT / DOSE;</i>			

FIRST NAME:		LAST NAME:	
D.O.B:		STATUS:	
CARE CARD:		NATION:	
ALLERGIES:			
MEDICATIONS: <i>Prescription & non-prescription, PLEASE WRITE: NAME / AMOUNT / DOSE;</i>			



FIRST NAME:		LAST NAME:	
D.O.B:		STATUS:	
CARE CARD:		NATION:	
ALLERGIES:			
MEDICATIONS: <i>Prescription & non-prescription</i> , PLEASE WRITE: NAME / AMOUNT / DOSE;			

FIRST NAME:		LAST NAME:	
D.O.B:		STATUS:	
CARE CARD:		NATION:	
ALLERGIES:			
MEDICATIONS: <i>Prescription & non-prescription</i> , PLEASE WRITE: NAME / AMOUNT / DOSE;			

SAFETY & PLANNING FOR YOUR STAY

DO YOU REQUIRE A WHEELCHAIR-ACCESSIBLE UNIT? YES NO UNABLE TO DO STAIRS

Does anyone in your family have serious health conditions, such as heart disease, asthma, bleeding disorder, etc.? If yes, please explain:

SUBSTANCE USE & DETOX:	<input type="checkbox"/> I/WE DO NOT USE DRUGS / ALCOHOL DRINK
	<input type="checkbox"/> I/WE AM WILLING TO MAINTAIN SOBRIETY WHILE ATTENDING KACKAAMIN
	<input type="checkbox"/> I/WE AM AWARE THAT SUDDEN DETOX FROM ALCOHOL AND BENZODIAZAPINES CAN BE LIFE THREATENING; Safe detox with doctor/nurse support should be complete <i>before</i> attending Kackaamin

EMERGENCY CONTACTS:

NAME:		NUMBER:	
NAME:		NUMBER:	

ACKNOWLEDGEMENT

I, _____, am applying on behalf of my family to attend Kackaamin's *Safe Haven* program and agree to the Program Admission requirements (page 2). I am aware that the site guidelines are mandatory, and they are in consideration for others' privacy and safety.

_____	_____	_____
Name	Signature	Date