

ONEN'TO:KON HEALING LODGE

380 St. Michel

KANEHSATAKE, QC JoN 1E0

Tel.: (450) 479-8353 Fax: (450) 479-1034

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Application Package



REFERRAL INFORMATION

This section of the referral kit provides a brief description of our treatment program, includes an outline of our eligibility criteria, and gives detailed information to referral workers concerning our admission procedures. Referral workers are invited to keep this part of the referral kit for information.

1.0 ONEN'TO:KON TREATMENT PROGRAM

Onen'to:kon Healing Lodge (OHL) is a 16-bed residential treatment program facility, located in the Mohawk community of Kanehsatake. Onen'to:kon meaning "Under the Pines" is situated near Oka and Montreal, overlooking the lake of two mountains.

Our program is six (6) weeks in duration and is now a **Trauma Focused – Cultural Based** program, which incorporates traditional practices of healing while working with clients One-to-One. Our program's belief is that understanding the trauma that one has faced in his/her life and to reconnect with Native Culture along with individual counselling, healing circles and program videos, will assist clients greatly towards "Strengthening THEIR Healing Journey".

We allow for clients to attend Alcoholic/Narcotics Anonymous meetings both within the facility and in the surrounding areas.

The Cultural Component of our program is a set of traditional activities that seek to integrate traditional native practices. This includes: Traditional Ceremonies, Foods, and Native Languages, Beading/Craft work, Singing, Drumming and Cultural Exchange.

Mental Health Services: Our Mental Health Specialist helps clients deal with various phobias, anxiety, depression and other mental health issues.

1.1 PLEASE INFORM YOUR CLIENT, THAT WE DO RANDOM SEARCHES & DRUG TESTING.

2.0 ELIGIBILITY CRITERIA

As part of the application process and before an application will be considered, all applicants MUST agree to provide a "Contact Telephone Number" and location in which to have our Pre-Treatment Assessment & After-Care Counsellor contact them.

Eligibility to our residential program extends to male or female adults (18 years of age or more), and our facility is accessible to physically disabled/ challenged persons. More specifically:

2.1 Applicant must be of aboriginal status, as reflected by a Band, Treaty or Benefit number, or otherwise recognized of aboriginal status by their community. Priority will be given to applicants from Kanehsatake, Kahnawà:ke, Akwesasne, other Iroquois nations and the greater Montreal area.

- 2.2** Applicant must recognize that a chemical dependency is a problem in his/her life.
- 2.3** Applicant **must be free from outside interference** for the entire duration of the residential program.
- 3.0** **ADMISSION PROCEDURES**
- 3.1** Admission into residential treatment is based on an application, which includes the following documents:
- Pre-Treatment Assessment
 - Application for Admission
 - Medical Examination
 - Informed Consent and Participation Agreement
 - Pre-Treatment Check List
 - Authorization for Release of Personal Information
 - Transportation Information Sheet
- 3.2** Applications coming from the legal or penal system, require additional information, as follows:
- 3.2.1** Official legal summary of past/present sentences and charges pending.
 - 3.2.2** Confirmation that the applicant will be free to attend meetings held outside the Center, go on supervised outings, and benefit from unsupervised weekend passes near the end of the program.
 - 3.2.3** Available psycho-social information, including family and social background, current behaviour, etc.
- 3.3** **House Requirements** are also enclosed in this kit on **Pages 19 & 20**. The Referral Worker sends this completed Informed Consent and Participation Agreement with the other admission documents to the In-take Worker.
- 3.4** Refer to In-take schedule for application deadline.
- 3.5** For Intake Decisions, files will be considered complete **ONLY** once the **telephone interview and application** is complete.
- 3.6** The In-take Worker confirms, in writing, the reception of the application as well as the acceptance or refusal of admittance into the Residential Treatment Program.
- 3.7** After confirmation of acceptance has been sent by the In-take Worker, **the Referral Worker confirms, in writing, the applicant's attendance to the program.**
- 3.8** On in-take Monday, new residents are asked to arrive according to their transportation schedules.
- 3.9** On arrival, the individual will be searched and a bag check will be done.
- 3.10** An Orientation session will be done on Tuesday morning following in-take.
- 3.11** **Outside communications:** Clients are allowed phone privileges upon arrival into the program. Clients may receive visitors every Sunday.

Niá:wen Nakurmíik Meegwetch Tsheneshkumeten Thank You

**APPLICATION FOR ADMISSION
INTO RESIDENTIAL TREATMENT**

PLEASE FILL OUT COMPLETELY

IDENTIFICATION OF APPLICANT:

Name: _____ Gender: Male Female
(Family/Maiden Name) (Given Name)

Home Address: _____

Postal Code: _____ **Cell Number:** _____

PRE-TREATMENT TELEPHONE INTERVIEW AND MANDATORY CONTACT

TELEPHONE NUMBER: _____

Date of Birth: _____ **Age:** _____ **Nation:** _____
(day/month/year)

Band Name: _____ **Band Number:** _____
(or Village of Origin) (or Treaty/Beneficiary No.)

MEDICARE NUMBER: _____ **Prov:** _____ **Exp. Date:** _____
(month/year)

IDENTIFICATION OF REFERRAL WORKER:

Name: _____ **Tel.:** (_____) _____ - _____

Title: _____ **Fax:** (_____) _____ - _____

Mailing Address: _____

_____ **Postal Code:** _____



TRANSPORTATION INFORMATION SHEET

REQUIRED CONTACT INFORMATION FOR THIS CLIENT

CLIENT'S NAME: _____

DATE: _____

TRANSPORTATION TO AND FROM ONEN'TÓ:KON HEALING LODGE

NAME: _____

PHONE NUMBER: (_____) _____ - _____

AUTHORIZED SIGNATURE: _____

MEDICAL TRANSPORTATION

NAME: _____

PHONE NUMBER: (_____) _____ - _____

AUTHORIZED SIGNATURE: _____

WHO WILL TRANSPORT THE CLIENT IF HE/SHE LEAVES PROGRAM OR IS RELEASED AFTER OFFICE HOURS OR ON WEEKENDS?

NAME: _____

PHONE NUMBER: (_____) _____ - _____

AUTHORIZED SIGNATURE: _____

I AM AWARE THAT I NEED TO HAVE \$200.00 TO BE HANDED TO STAFF ON INTAKE DAY, WHICH I WILL USE FOR TAXI FARE SHOULD I LEAVE THE PROGRAM BEFORE COMPLETION.

UPON GRADUATION OR DEPARTURE FROM PROGRAM, THE \$200.00 WILL BE RETURNED TO THE CLIENT UNLESS OTHERWISE SPECIFIED.

CLIENT SIGNATURE

Current Situation of Applicant

Level of Education

- Primary
- Secondary (Grade _____)
- College/University/Trade

Languages Spoken

- Marital Status:** Single Married Separated
- Widowed Common-law Divorced

Is your attendance in residential treatment required by your spouse or partner? Yes No

Spouse's Name (if applicable): _____

- Housing:** With spouse & children With Friends Alone
- With spouse/partner With child(ren) Other: _____

Family: Number of children: _____ Ages of Children: _____

During treatment, who will take care of your children (please give name & telephone number):

Are any of your children under Youth Protection or other childcare services? Yes No

Under Voluntary Measures: Since: _____ Until: _____

By court decision: Since: _____ Until: _____

If the above is applicable, please fill out the following:

Name of Social Worker: _____

Address: _____

Phone No.: (_____) - _____

Is there a signed Release of Authorization for Release of Personal Information form? Yes No

Is your attendance in Residential Treatment required by Youth Protection or other Childcare Services? Yes No

Describe, in client's words, what led to Youth Protection Services becoming involved:

LEGAL

Previous Convictions:

Is your attendance to residential treatment, required by the legal system Yes No

Have you ever been arrested? Yes No

If yes, history of:

Date of Sentence (dd/mm/yy)	Nature of Offences	Nature of Sentence (probation, fine, detention)	Dates or Current Status

Current Legal Status: **Not Applicable**

On Probation Since: _____ Until: _____

On Parole Since: _____ Until: _____

On Temporary Absence Since: _____ Until: _____

Residing in a Half-Way House: Since: _____ Until: _____

Inmate in Detention Centre Since: _____ Until: _____

Waiting Parole Board Decision Date Schedule: _____

Waiting for Trial/Sentence: Date Schedule: _____

Charges Pending

Reason for conviction, or charges leading to above situations: _____

If applicable, provide a photocopy of the Parole Certificate/Court Mandate.

Probation Officer: _____

Agency: _____

Phone #: _____

Fax #: _____

If you complete treatment, where will you go to live? _____

If you do not complete treatment, where will you go to live? _____

NOTES TO REFERRAL WORKER

1. Please ask the applicant to sign an Authorization for the Release of Personal Information form and send us the following documentation when applicable:
 - A) Official documents (such as Voluntary Measures, Court Orders, Parole Board Decisions, Probation Orders, Decision Sheets, Temporary Absence Authorizations, etc.); and
 - B) Recent psycho-social assessments or progress reports (such as case summaries, etc.), including summary of current or past sentences and of charges pending.
2. In cases of Parole/Probation/Youth Protection Measures, please provide information on condition(s) related to treatment.
3. Comments, if any, on the legal or penal situation of your client: _____

ALCOHOL & DRUG USE

List substances that you are currently using:

Within the last 30 days: _____

Within the last 6 months: _____

Within the last 12 months: _____

Are you currently on any withdrawal medication such as:

- Suboxone
- Methadone
- Ativan
- Other _____

Have you ever experienced any of the following?

- | | |
|--|--|
| <input type="checkbox"/> Alcohol Seizure | <input type="checkbox"/> Delirium Tremens (D.T.'s) |
| <input type="checkbox"/> Visual Hallucinations | <input type="checkbox"/> Auditory Hallucinations |
| <input type="checkbox"/> Tactile Hallucinations
(feeling things under or on the skin) | |

The **Referral Worker** may comment here on the use of substance(s) reported by the client:

If you continue to drink alcohol or use drugs, describe how your life situation could or will get worse:

Have you used any resources to stop using alcohol or drugs?

- AA/NA
- Residential Treatment
- Outreach/Outpatient Services

Have there been times when you were successful in staying sober? Yes No

For how long? _____

What (or who) did you find helpful? _____

CLIENT'S MOTIVATIONAL LETTER

How do you think Residential Treatment will help you?

3. **Mental Health Issues – History & Treatment:** Please indicate past history of hospitalizations, diagnoses, treatments and their results. Including recent mental difficulties, suicidal ideas or attempts (eg: dates & methods); please include a more detailed psychiatric report.

4. Mental Health Care Professional(s) who is/are involved in working with the client.

Name () -
Phone Number

Name () -
Phone Number

5. Is there any current medical follow up required for any of the above mentioned issues?

6. **Please send pharmacy print out of all current medications. (MANDATORY)**

7. Withdrawal difficulties (detoxification requiring medical supervision in a hospital or a Detox Centre prior to admission into residential treatment). Are withdrawal symptoms to be expected for this patient? If so, please specify:

8. Please note current concerns that should be taken into account in the treatment of this patient such as O.D.'s, Diabetic Crisis, Heart Problems, Suicide Attempts, etc.:

Name: _____

Signature: _____

TITLE/FUNCTION: _____

Date: _____

I, the undersigned, authorize the health professional identified above to submit the results of this medical examination to Onen'tó:kon Healing Lodge, for the purposes of my application for residential treatment.

Signature of Patient

Date

Return to: Onen'tó:kon Healing Lodge

Tel.: (450) 479-8353

Fax: (450) 479-1034

Email: info@onentokon.org

CONSENT FOR RELEASE OF INFORMATION
(PLEASE PRINT CLEARLY)

Referral to Release to Onen'tó:kon Healing Lodge

I, _____ hereby consent voluntarily for the following:
(Client's Name)
_____ to release information regarding all aspects of my
(Referring agency(ies) and/or person)
clinical record regarding addictions, legal matters, medical, psychological & psychiatric history.

(Other information)
to Onen'tó:kon Healing Lodge.

Onen'tó:kon Healing Lodge to Release

Furthermore, I _____ hereby consent to Onen'tó:kon
(Client's Name)
Healing Lodge to release information to: _____
(Agency/Persons)

Regarding:

- | | | |
|--|---|--|
| <input type="checkbox"/> Progress Report | <input type="checkbox"/> Discharge Summary | <input type="checkbox"/> Notification of early departure |
| <input type="checkbox"/> Aftercare Plan | <input type="checkbox"/> Reason for departure | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Completion Statement | <input type="checkbox"/> Other (specify)
_____. |

Name of Client: _____

Date of Birth: _____

	Signature	Print
Client:	_____	_____
Witness :	_____	_____

I understand that:

- The information being released between the referring agency(ies) and/or person(s) is to assist me in my treatment.
- Any other information will not be released to any other persons without my consent unless it is information that the Onen'tó:kon Treatment team is obligated by law to release.
- This consent lasts for a period of **90 days**.

Date from: _____ **to :** _____

INFORMED CONSENT

AND PARTICIPATION AGREEMENT

I, the undersigned, know that the residential program involves:

- Learning traditional Native practices of healing;
- Sharing personal matters in individual counselling and in Talking and Healing Circles
- Reading and written assignments; attend meetings, lectures and films;
- Active involvement in household and maintenance chores;
- Participating in social and recreational activities;
- Participation in the Cultural Component of our program, which is a set of traditional activities that seek to integrate traditional native practices. The Cultural program includes: Traditional Ceremonies at the Longhouses in Kahnawà:ke or Kanehsatá:ke, which follows the cycle of ceremonies of the Haudenosaunee, Native Languages, Bead/Craft work, Traditional Foods, Drumming and Traditional Music.
- Participating in spiritual activities in accordance with my spiritual beliefs;
- Developing an After Care plan.
- Therefore, I shall at all times indemnify and hold harmless Onen'tó:kon Healing Lodge, its Board of Directors, Executive Director, Clinical Staff, Support staff and Administration from and against all claims, actions, suits, losses, costs, or damages that could be made or brought by myself or a third party, as a result of an act or omission on my part or others, during my stay at Onen'tó:kon Healing Lodge and thereafter all in accordance with Article 5.15 of the Onen'tó:kon Healing Lodge Guidelines. *(Article 5.15 – Board of Directors - Indemnity: The Organization will indemnify its Board Members, Officers, Director or employees, all costs or expenses up to but limited by the ONEN'TO:KON HEALING LODGE insurance coverage, arising from a civil, criminal or administrative lawsuit of which they are party to, except if these persons have committed a grave error, gross negligence or fraudulent act.)*

House Requirements are set up to promote safe and harmonious relationships, and to help me develop self-discipline, respect, and my sense of responsibility. I commit myself to follow this participation agreement.

I am coming to treatment on my own free will, and my consent is voluntary.

Client's Signature

Date

Witness' Signature

≈ Please Give to Client ≈

PERSONAL ITEMS TO BRING

- Personal Identification
- Medicare Card
- Status Card
- Bank/ATM/Credit Cards
- Return Travel Tickets
- Parole/Probation Papers
- Calling Cards (for the pay phones)
- Smokers need to bring cigarettes.

CLOTHING

- Please bring clothes appropriate to the season.
- Gym clothes and non-scuff running shoes.
- Underwear, pyjamas, nightgowns, socks, stockings, slippers and/or moccasins.
- Graduation Clothing
- Appropriate footwear/clothing for outdoor cultural activities including sweat lodge (seasonal)

THE FOLLOWING ARE NOT ALLOWED

1. Mouthwash with alcohol
2. Portable televisions, clock radios, and videotapes and/or DVD's.
3. Over-the-counter medication will not be dispensed unless prescribed.
4. Glue (any kind)
5. Clients are not permitted to leave their vehicle at the Treatment Center during treatment.
6. Chewing tobacco, cigars, snuff or E-cigarettes.
7. Do not bring linens. (Blankets, bed sheets, pillows or pillowcases, towels and face cloths; as these are already provided).
8. **Should you bring the items listed below, remember to bring the chargers and adaptors. You will only be allowed to use them when you go on pass(es) and will be returned after the Graduation Ceremony. These items will be kept in safekeeping.**

Cell phone, laptop computer, I-Pod, I-Phone, MP3 players, Cameras and any other audio/visual/electronic devices.

On In-take and when returning from day/weekend pass, residents undergo mandatory personal and baggage checks. Random checks may also be done during your six-week stay at the centre.

MEDICATION:

1. Only prescribed medication will be dispensed.
2. All medication brought to the Center is to be handed in and will be monitored by staff.
3. Some prescribed medication, such as ointments, asthma medication, etc., will be handed back to the resident.

It is the responsibility of the resident to: (a) take his/her medication only as prescribed, and (b) ask a staff member for his/her medication.

DRESS CODE

The purpose of our Dress Code, is to promote healthy and respectful boundaries. The following are not permitted. (Inappropriate clothing will be addressed and will be placed in safekeeping)

1. Short shorts, short skirts/dresses, strapless halter type sun dresses.
2. Low cut t-shirts or blouses with deep cut armholes and tank or tube tops.
3. Camisoles/bustiers (camisoles can be worn under shirts, blouses or sweaters)
4. See-through blouses.
5. Midriff t-shirts or blouses
6. Muscle t-shirts
7. Any clothing that promotes drugs/alcohol, sexism, violence or racism.

For safety reasons, footwear (slippers, shoes, running shoes) must be worn at all times.

Pants must be worn over the hips and t-shirts must be worn at all times (e.g.: for exercising, outside, etc.)

Clients must be out of sleepwear (pyjamas) and dressed before chore time.

HOUSE REQUIREMENTS

House requirements seek two (2) purposes: (a) set boundaries that will promote safe and harmonious group life for everyone, and (b) encourage clients to develop self-discipline, a sense of responsibility and respect of oneself and of others. Respect of and meeting House Requirements also reflects client's motivation and willingness to "**work the program.**"

A. BEHAVIOURS THAT MAY RESULT IN DISMISSAL

Any OHL Staff member has the authority to dismiss a client.

Behaviours that will result in dismissal are as follows:

1. using alcohol and/or other drugs during treatment;
2. withdrawing oneself from any program activities in a major and significant way, such as leaving the premises, missing AA or NA meetings;
3. criminal offences (such as theft, threats or physical violence);
4. any sexually explicit activity or sexual harassment; between residents, between residents and staff or with visitors.

B. OTHER HOUSE REQUIREMENTS

Concerning Program or Scheduled Activities

Not respecting House Requirements can result in loss of privileges. Such as, loss of telephone time, loss of pass(es), special assignments and/or meet with staff.

1. **PUNCTUALITY:** Clients attend program or scheduled activities, on time.
2. No telephone use during program time.
3. Twenty (20) minutes of **Chores** is carried out three (3) times a day, according to the schedule. **Clients are to keep themselves busy for the full twenty (20) minutes**, including helping someone else if they complete their chores early.
4. **Sunglasses are not to be worn indoors.**

Concerning Responsibility and Respectful Manners

1. At all times, clients who use dishes (such as cups, glasses, etc.) must rinse & brush their dishes in the sink and put them in the tray on the counter.
2. Clients need to show respect to other clients and staff.
3. No lying down or putting feet up on the furniture (indoors or outdoors)
4. Defacing, graffiti or vandalizing any of Onen'tó:kon's property (furniture, books, etc.) is not acceptable behaviour. Clients who deliberately break or destroy any property of Onen'tó:kon Healing Lodge' must reimburse, repair or cover the replacement costs.
5. **Other client's bedrooms are off limits.**

Concerning Health and Safety

1. Smoking is authorized on personal time only and restricted to the back porch, except during scheduled AA/NA Meetings where smoking is permitted at the AA entrance. No cigars, chewing tobacco or E-cigarettes are permitted.
2. Fire Drills are mandatory and everyone must evacuate the building.
3. Unplug all electric hair styling tools when not in use. (curling/straightening irons, hair dryers, etc.)

OUTSIDE COMMUNICATIONS

1. **Telephones and Mail**

Outgoing calls are made with the public telephones in the hall near the elevator and main entrance.

Staff takes incoming calls: urgent messages are passed on to clients.

Client's incoming personal mail is to be opened in the presence of a Staff member.

2. **Visitors**

Visiting is allowed as of the 1st Sunday following intake & every Sunday thereafter, from 1:15 p.m. to 4 p.m.

No more than 2 adults and 2 children per client at a time.

ONEN'TO:KON HEALING LODGE

(formerly known as Onen'to:kon Treatment Services)

2018 IN-TAKE SCHEDULE

1	2	3
<u>RECEIPT OF APPLICATIONS</u>	<u>IN-TAKE DAY</u>	<u>GRADUATION</u>
December 11, 2017	January 8, 2018	February 15, 2018
<i>February 19 – 23, 2018</i>		
ADMINISTRATION & PROGRAM REVIEW		
February 12, 2018	February 26, 2018	April 5, 2018
<i>April 9 – 13, 2018</i>		
ADMINISTRATION & STAFF TRAINING		
April 2, 2018	April 16, 2018	May 24, 2018
<i>May 28 – June 1, 2018</i>		
ADMINISTRATION & PROGRAM REVIEW		
May 21, 2018	June 4, 2018	July 12, 2018
<i>July 16 – 27, 2018</i>		
TRAINING & PROGRAM REVIEW		
July 16, 2018	July 30, 2018	September 6, 2018
<i>Sept. 10 – 14, 2018</i>		
ADMINISTRATION & PROGRAM REVIEW		
September 3, 2018	September 17, 2018	October 25, 2018
<i>Oct. 29 – Nov. 2, 2018</i>		
ADMINISTRATION & PROGRAM REVIEW		
October 22, 2018	November 5, 2018	December 13, 2018

(Schedule subject to change)

1. Application forms can be sent at any time, however, all completed applications must be received no later than the Monday two weeks before a new intake. (See Column 1 for deadline dates)
2. New residents are expected to arrive at 10:00 am on intake day. (See Column 2)

The duration of the treatment program is six weeks (38 days). Referral workers, who wish to participate in the development of the aftercare plan, are invited to communicate with the Addiction Counsellors. Referrals are also welcome to attend the graduation ceremony.

Schedule created: October 12, 2017