

# ***ONEN'TO:KON HEALING LODGE***

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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**

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**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)

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**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:**
- |                                  |                                     |                                    |
|----------------------------------|-------------------------------------|------------------------------------|
| <input type="checkbox"/> Single  | <input type="checkbox"/> Married    | <input type="checkbox"/> Separated |
| <input type="checkbox"/> Widowed | <input type="checkbox"/> Common-law | <input type="checkbox"/> Divorced  |

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

Spouse's Name (if applicable): \_\_\_\_\_

- Housing:**
- |                                                 |                                          |                                       |
|-------------------------------------------------|------------------------------------------|---------------------------------------|
| <input type="checkbox"/> With spouse & children | <input type="checkbox"/> With Friends    | <input type="checkbox"/> Alone        |
| <input type="checkbox"/> With spouse/partner    | <input type="checkbox"/> With child(ren) | <input type="checkbox"/> 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:

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**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:

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

**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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_



**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?**

- Alcohol Seizure
- Delirium Tremens (D.T.'s)
- Visual Hallucinations
- Auditory Hallucinations
- 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:

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

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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?

\_\_\_\_\_  
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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.

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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?

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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:

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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.:

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Name: \_\_\_\_\_

Signature: \_\_\_\_\_

TITLE/FUNCTION: \_\_\_\_\_

Date: \_\_\_\_\_

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**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](mailto:info@onentokon.org)**

**CONSENT FOR RELEASE OF INFORMATION**  
**(PLEASE PRINT CLEARLY)**

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**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.

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**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)<br>_____.       |
- 

Name of Client: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

	<b>Signature</b>	<b>Print</b>
<b>Client:</b>	_____	_____
<b>Witness :</b>	_____	_____

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

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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.

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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 1<sup>st</sup> 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>DEADLINE DATES FOR APPLICATIONS</u>	<u>IN-TAKE DAY</u>	<u>GRADUATION</u>
December 11, 2017	January 8, 2018	February 15, 2018
<b><i>February 19 – 23, 2018</i></b>		
<b><i>ADMINI. WEEK / PROGRAM REVIEW</i></b>		
February 12, 2018	February 26, 2018	April 5, 2018
<b><i>April 9 – 13, 2018</i></b>		
<b><i>ADMIN. WEEK / PROGRAM REVIEW</i></b>		
April 2, 2018	April 16, 2018	May 24, 2018
<b><i>May 28 – June 1, 2018</i></b>		
<b><i>ADMIN. WEEK / PROGRAM REVIEW</i></b>		
May 21, 2018	June 4, 2018	July 12, 2018
<b><i>July 16 – 27, 2018</i></b>		
<b><i>TRAINING &amp; PROGRAM REVIEW</i></b>		
July 16, 2018	July 30, 2018	September 6, 2018
<b><i>September 10 – 14, 2018</i></b>		
<b><i>ADMIN. WEEK / PROGRAM REVIEW</i></b>		
September 3, 2018	September 17, 2018	October 25, 2018
<b><i>October 29 – Nov. 2, 2018</i></b>		
<b><i>ADMIN. WEEK / PROGRAM REVIEW</i></b>		
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 deadline dates listed in Column 1.**
2. New residents are expected to arrive at **9:00 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 updated: June 12, 2018

# **ONEN'TO:KON HEALING LODGE**

*(formerly known as Onen'tó:kon Treatment Services)*

## **2019 IN-TAKE SCHEDULE**

<b>1</b>	<b>2</b>	<b>3</b>
<b><u>DEADLINE DATES FOR APPLICATIONS</u></b>	<b><u>IN-TAKE DAY</u></b>	<b><u>GRADUATION</u></b>
December 3, 2018	January 7, 2019	February 14, 2019
<b><i>February 18 – 22, 2019</i></b>	<b><i>ADMIN. WEEK / PROGRAM REVIEW</i></b>	
February 11, 2019	February 25, 2019	April 4, 2019
<b><i>April 8 – 12, 2019</i></b>	<b><i>ADMIN. WEEK / PROGRAM REVIEW</i></b>	
April 1, 2019	April 15, 2019	May 23, 2019
<b><i>May 27 – 31, 2019</i></b>	<b><i>ADMIN WEEK / PROGRAM REVIEW</i></b>	
May 20, 2019	June 3, 2019	July 11, 2019
<b><i>July 15 – 26, 2019</i></b>	<b><i>TRAINING / PROGRAM REVIEW</i></b>	
July 15, 2019	July 29, 2019	September 5, 2019
<b><i>September 9 – 13, 2019</i></b>	<b><i>ADMIN. WEEK / PROGRAM REVIEW</i></b>	
September 2, 2019	September 16, 2019	October 24, 2019
<b><i>October 28 – Nov. 1, 2019</i></b>	<b><i>ADMIN WEEK / PROGRAM REVIEW</i></b>	
October 21, 2019	November 4, 2019	December 12, 2019

**(Schedule subject to change)**

- 3. Application forms can be sent at any time, however, all completed applications must be received no later than the deadline dates listed in Column 1.**
- 4. New clients can arrive as early as 9:00 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: June 12, 2018**