

# ***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.**

**PLEASE INITIAL each page as confirmation of being read.**

### **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**

**All applicants MUST agree and accept to provide a "Contact Telephone Number" and location in which to have our Pre-Treatment Assessment & After-Care Counsellor contact them. This process is MANDATORY. Should this section, on Page 5, not be completed, the file will be considered "Incomplete". Our Assessment/After-Care Counsellor will contact each client and the assessment should take up to 1 hour.**

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 express a strong indication to change his/her current lifestyle.
- 2.4 Applicant **must be free from outside interference** for the entire duration of the residential program.

**Outside interference includes court dates or Parole Board hearings; visits to or from any representative of the legal or penal systems; childcare or other family obligations; financial obligations; and appointments related to physical or mental health issues. This does not include medical or social emergencies, and these are dealt with as they arise during treatment.**

### 3.0 ADMISSION PROCEDURES

**The following admission procedures are designed to help your client develop a more convincing awareness: (a) of the problems associated with his/her chemical dependencies, and (b) of his/her need for residential treatment.**

- 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 confirmation of legal status of applicant (such as Court Orders or Parole Board Decisions or Certificates);
- 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; and
- 3.2.3 Available psycho-social information, including family and social background, past convictions, current behaviour, etc (such as in case summaries, psycho-social Assessments, etc.)
- 3.3 Referral Workers fill out the **Application for Admission into Residential Treatment**. The Referral worker sends this completed Application for Admission, with the other admission documents to our In-take Worker.
- 3.4 **Medical Examination**  
The Referral Worker sends the **completed** Medical Examination sheet with the other admission documents to our In-take Worker.
- 3.5 **Transportation Information Sheet**  
This form is to be filled in by responsible parties for the purpose of medical transportation due to early termination of treatment by the individual or staff. Once completed, the Referral Worker sends this with the other admission documents, to our In-take Worker.

- 3.6 Applicants must read and sign the Informed Consent and Participation Agreement. The purpose of this form is to record, clearly, the applicant's commitment to participate in the program. House Requirements are also enclosed in this kit on Pages 24 & 25. The Referral Worker sends this completed Informed Consent and Participation Agreement with the other admission documents to the In-take Worker.
- 3.7 In order to help their clients adapt to our Alcohol & Drug free environment, **Referral Workers should hand out to applicants the “Items to bring and Not to Bring lists on Pages 22 & 23”.**
- 3.8 The Referral Worker should send a completed Pre-Treatment Check List on page 19, with the other admission documents to the In-take Worker.
- 3.8.1 The **Deadline** for sending complete applications is two (2) weeks before the Intake Day itself, on a Monday.

It is advisable to send completed pages 5 to 21 of this application to the In-take Worker as soon as they become ready, in order to get a file opened immediately.

**PLEASE SEND ONLY THE REQUIRED PAGES REGARDING THIS APPLICATION, DO NOT SEND US BACK THE WHOLE APPLICATION KIT.**

- 3.9 **Intake Decisions are reached on completed files only.**
- 3.10 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.
- 3.11 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.**
- 3.12 On in-take Monday, new residents are asked to arrive according to their transportation schedules.
- 3.13 On arrival, the individual will be searched and a bag check will be done.
- 3.14 An Orientation session follows on the morning after intake.
- 3.15 Outside communications: Clients are allowed phone privileges upon arrival into the program. Clients may receive visitors every Sunday.
- 3.16 Graduation of the program takes place on Thursday, at 11:00 a.m. of the 6<sup>th</sup> week of treatment. We encourage Referral Workers to attend graduation along with family members of their client.

Counsellors will communicate with Referral Workers for the development of After-Care plans.

We trust this Referral Information will prove useful to Referral Workers.

We welcome any comment(s) Referral Workers or others may wish to submit regarding this application kit.

Niá:wen      Nakurmiik      Meegwetch      Tsheneshkumeten      Thank You

INITIALS: \_\_\_\_\_

April 11, 2016

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

**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**

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**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.**

\_\_\_\_\_  
CLIENT SIGNATURE

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INITIALS: \_\_\_\_\_

April 11, 2016

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**Current Situation of Applicant**

**Languages Spoken**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Languages Written**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Level of Education**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Can you Read and Write in the English language?      Yes         No  

**Current Employment Status:**

- Employed – Usual Occupation: \_\_\_\_\_
- Unemployed   How long? \_\_\_\_\_       Permanent
- Self-employed       Retired
- Homemaker       Student
- Job Training       Temporary
- Seasonal       Part-time

Is your attendance in treatment required by your employer or your school?    Yes       No  

If so, please indicate name, address and telephone number of appropriate representative and ***sign an Authorization for the Release of Personal Information form:***

\_\_\_\_\_  
\_\_\_\_\_

**Source of Income:**    Employment       U.I.C.       Social Assistance  
                                  Pension       Other: \_\_\_\_\_

**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):

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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? \_\_\_\_\_



**ALCOHOL & DRUG HISTORY**

**Check substances that you have used:**

- Alcohol
- Marijuana
- Hashish
- LSD
- Cocaine
- Crack
- Mescaline
- Peyote
- Heroin
- Hash Oil
- Methadone
- Morphine
- Sniff glue (solvents)
- Tranquillizers
- Opiates-Oxycontin
- Prescription Medication (*prescription pain killers, Ritalin, Ativan, etc.*)
- Over the counter medication (*cold medication, Tylenol*)

**Have you ever experienced any of the following?**

- Alcohol Seizure
- Delirium Tremors (D.T.'s)
- Visual Hallucinations
- Auditory Hallucinations
- Tactile Hallucinations  
(feeling things under or on the skin)

Age when you accepted drugs or alcohol as a problem: \_\_\_\_\_

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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**ATTEMPTED SOLUTIONS**

Have you tried to stop drinking or taking drugs?          Yes          No

Please Specify: \_\_\_\_\_

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

<b><u>PROGRAM TYPE</u></b>	<b><u>APPROXIMATE DATES</u></b>	<b><u>LOCATION</u></b>	<b><u>LENGTH</u></b>	<b><u>COMMENTS</u></b>
<b><u>Supervised Detoxification</u></b>				
<b><u>Self Help Groups AA, NA or CA</u></b>				
<b><u>Healing Circles</u></b>				
<b><u>Health Professionals</u></b>				
<b><u>Outpatient Treatment Services</u></b>				
<b><u>Residential Treatment Services</u></b>				
<b><u>Other</u></b>				

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

For how long? \_\_\_\_\_

What (or who) did you find helpful? \_\_\_\_\_

\_\_\_\_\_

What (or who) did you not find helpful? \_\_\_\_\_

\_\_\_\_\_

Please write a separate letter stating how you think residential treatment can be useful to you at this time and what has changed?

If a previous treatment for substance abuse was not completed, please identify and give reason:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_





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? Is so, please specify:

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8. Please note 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**



**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 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"/> Other (specify)                 |
| <input type="checkbox"/> Medical         | <input type="checkbox"/> Completion Statement | _____  |

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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 Kanehsatà: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

**PRE-TREATMENT CHECKLIST FOR APPLICANT**

**(PLEASE PLACE A CHECK MARK ON ALL COMPLETED ITEMS ON THIS PAGE.)**


1. Provided my Contact Telephone Number – Page 5 (MANDATORY)
2. I have a Status/Benefit Card that certifies my nationality.  
**A photocopy of the cards is enclosed.**
3. I have a valid Medicare Card. **A photocopy of the card is enclosed.**
4. I have taken care of general health concerns, (eye doctor, dental problems & prescription refills). **If it is necessary, to seek medical help while I am in treatment, I realize I am responsible for making the appointment & arrangement for transportation, except when I need an ambulance.**
5. I am free of legal commitments, including Court dates & other appointments (such as with lawyers, probation or parole officers, youth protection representatives, etc.)
6. I understand & agree that I am responsible for transportation to get myself to the Treatment Center according to my transportation schedules on Intake day (Mondays).
7. I understand & agree that if I do not complete the program, I am responsible to leave the premises & territory as soon as possible.
8. I understand & agree that I am responsible for transportation to leave the premises at 1:00 p.m. on Graduation Day.
9. I have read & signed the Informed Consent & Participation Agreement.
10. I commit myself to follow the House Requirements – Page 24 & 25.
11. **I have been informed that during my time in the residential treatment program, there could be random drug testing as well as random searches (building, room, personal belongings, etc.) carried out during my stay.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Referral Worker's Signature

\_\_\_\_\_  
Date

When you leave treatment, who will be available (family, friends) to help you stay clean and sober?

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Who will be your After Care Worker?

Name: \_\_\_\_\_ Tel.: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Mailing address: \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_ Postal Code: \_\_\_\_\_

This appointment is scheduled for: \_\_\_\_\_

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**Applicant's Signature:** \_\_\_\_\_

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

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*~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)
- Money for personal use: Plan enough money for the canteen, personal expenses and passes.
- Smokers need to bring cigarettes.
- A canteen service is available on Fridays for the purchase of chips, chocolates, toiletries, gum, etc.

**CLOTHING**

- Please bring clothes appropriate to the season.
- At least four (4) separate changes of clothing
- Gym clothes and non-scuff running shoes.
- Underwear, pyjamas, nightgowns, socks, stockings, slippers and/or moccasins.
- Graduation Clothing

**TOILETRIES (Personal Hygiene)**

- Face soap/body wash and soap dish
- Toothbrush and Toothpaste
- Deodorant
- Shaving Supplies
- Shampoo and Conditioner
- Hairdryer
- Hairspray/Mousse/Gel
- Curling and/or Straightening Iron
- Hairbrush/Comb
- Sanitary Napkins/Tampons

## **THE FOLLOWING ARE NOT ALLOWED**

1. Mouthwash with alcohol
2. Very short cut shorts and skirts, low rise jeans, low cut shirts/blouses/t-shirts.
3. Personal garments that are sexually explicit and/or promote the use of alcohol and/or drugs. For example: T-shirts, jackets, caps, posters, cards, etc.
4. Portable televisions, clock radios, and videotapes and/or DVD's.
5. Over-the-counter medication will not be dispensed unless prescribed.
6. Glue, nail polish and remover, etc.
7. Clients are not permitted to leave their vehicle at the Treatment Center during treatment.
8. Chewing tobacco, cigars or snuff.
9. Do not bring linens. (blankets, bed sheets, pillows or pillowcases, towels and face cloths; as these are already provided for).
10. **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 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.

## **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**

Behaviours that may 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;

However, any of the two following requirements, will be dealt with and any staff member has the authority to dismiss a client.

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, Caps/hats, or Hoodies 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 or chewing tobacco are permitted.

Meeting house requirements is an important part of the treatment program. Counsellors will meet with clients and address the issues that may impede recovery.

## 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.

#### Cell Phone/IPods:

- These phones need to be off in the building & must be handed in to Staff members for safekeeping.

### 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.

# ONEN'TO:KON HEALING LODGE

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

## 2017 IN-TAKE SCHEDULE

1	2	3
<b><u>RECEIPT OF APPLICATIONS</u></b>	<b><u>IN-TAKE DAY</u></b>	<b><u>GRADUATION</u></b>
December 12, 2016	January 9, 2017	February 16, 2017
<b><i>February 20 – 24, 2017</i></b>	<b><i>ADMINISTRATION &amp; PROGRAM REVIEW</i></b>	
Feb. 13, 2017	February 27, 2017	April 6, 2017
<b><i>April 10 – 14, 2017</i></b>	<b><i>ADMINISTRATION &amp; STAFF TRAINING</i></b>	
April 3, 2017	April 17, 2017	May 25, 2017
<b><i>May 29 – June 2, 2017</i></b>	<b><i>ADMINISTRATION &amp; PROGRAM REVIEW</i></b>	
May 22, 2017	June 5, 2017	July 13, 2017
<b><i>July 17 – 28, 2017</i></b>	<b><i>TRAINING &amp; PROGRAM REVIEW</i></b>	
July 17, 2017	July 31, 2017	September 7, 2017
<b><i>Sept. 11 – 15, 2017</i></b>	<b><i>ADMINISTRATION &amp; PROGRAM REVIEW</i></b>	
September 4, 2017	September 18, 2017	October 26, 2017
<b><i>Oct. 30 – Nov. 3, 2017</i></b>	<b><i>ADMINISTRATION &amp; PROGRAM REVIEW</i></b>	
October 23, 2017	November 6, 2017	December 14, 2017

(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 Residential Counsellors. Referrals are also welcome to attend the graduation ceremony.

Schedule created: October 2016