



Eagles Earth Treatment Centre

Constance Lake, On
Box 4000
Phone: 1-705-960-2626
Website: www.eaglesearch.org

Welcome – Waachiiya – Aaniin-Tanshi

At Eagles Earth, we are a dedicated and committed team who provide healing opportunities to First Nation people through programs aimed at strengthening the individual's identity and awareness. Through land-based programs such as withdrawal management, residential treatment, and via virtual platforms for accessibility and engagement at various stages in wellness and recovery, we support individuals in living healthy lifestyles and assist in decreasing problems in the areas of addictions, violence, employment, academics and mental health.

We welcome you in your path to wellness.



The Withdrawal Management and Treatment Model is an Indigenous wholistic approach to healing and self-wellness, to address the physical, emotional, psychological, and spiritual aspects of the participants. The core elements of interventions are the use of traditional medicines to elevate withdrawal symptoms and utilizing traditional ceremonial, aboriginal specific therapeutic techniques, alongside western approaches for healing. The treatment program utilizes a culturally based trauma informed approach and cognitive-behavioural methods for addictions treatment.

Admission Criteria

1. **LOVE** The applicant recognizes that alcohol and drug abuse is a problem, and their life has become unmanageable.
2. **BRAVERY** The applicant expresses the need and desire to change his/her lifestyle.
3. **RESPECT** The applicant must be fully focused with no outside commitments or appointments that would interfere with his/her treatment program.
4. **TRUTH** The applicant is willing to be fully engaged in their recovery program.
5. **HONESTY** The applicant is willing to attend all programming sessions, counselling, workshops, support groups and activities.
6. **HUMILITY** The applicant recognizes the importance of being respectful and courteous of others.
7. **WISDOM** The applicant is willing and required to abide by all safety and procedural protocols put in place for the safety of clients, staff, and visitors.

Program Requested Virtual Withdrawal Treatment

Steps for all application process for Eagles programs;

1. Client and/or Referral Worker complete the application and e-mail to intake@eaglesearch.org

Your application is completed when all forms are received:

Application Form DUSI-R Data System Consent

2. Client and/or Referral Worker will be notified by preferred contact method when the application is complete. It is the responsibility of the client and/or the Referral Worker to ensure applications are complete to continue the intake process.

3. Client Applications are entered into our Addiction Management Information System.

4. A telephone interview is scheduled with the client.

5. Application is reviewed to determine eligibility and suitability into the requested program.

6. A letter is sent to the client and/or Referral Worker stating approval, admission date or alternative treatment recommendations.

Please note, it is your responsibility to prepare for attendance in the program and ensure that you are committed to the full length of the program. If you decide not to attend, you must notify the intake coordinator as soon as possible.

Treatment Program Application Form

Send completed package via email to: intake@eaglesearch.org

For administration use only

Application received on: m: ___ d: ___ y ___ Participant file number: _____
 Intake interview: m: ___ d: ___ y ___ Confirmed admission date: m: ___ d: ___ y ___

Notes:

General Information

First name:	Last name:	Preferred name (if different):
Date of birth:	Sex at birth:	Gender identity (if applicable):
Health card number and version code (mandatory for medical purposes):		
Best method to contact you: <input type="checkbox"/> telephone/cell Can message be left <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> email number: _____ email address: _____		
Other:		
Address: _____ <input type="checkbox"/> no fixed address/experiencing homelessness	Province:	Postal code:
Indigenous identity <input type="checkbox"/> Status <input type="checkbox"/> Non-status Band name: _____ Band number: _____	<input type="checkbox"/> Métis <input type="checkbox"/> Métis self-identified <input type="checkbox"/> Inuit <input type="checkbox"/> other: MNO Citizenship #: _____	
Languages Spoken:	Understood:	Preferred:
Employment status:	Mandated by employer to attend treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Education:		
Does the client require assistance with reading? <input type="checkbox"/> yes <input type="checkbox"/> no Do you require assistance with writing? <input type="checkbox"/> yes <input type="checkbox"/> no		

Have you been diagnosed with any learning problems/disabilities? yes no
If yes, please describe:

Do you have a Substitute Decision Maker (SDM)/Power of Attorney (POA) for Medical/Personal Care?
 yes no

Emergency contact

In case of emergency who do you want us to contact.

Name:	Phone number:	Relationship:
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Family Relationships

Marital status: single common law widowed separated divorced

Dependant Children: yes no Are any children in care: yes no

Other dependants:

Do children/dependants have adequate care during treatment length? yes no

Have you attended a Residential School? yes no don't know
 prefer not to answer

Are you a child of a Residential School Survivor? yes no don't know
 prefer not to answer

Were you impacted in the 60's scoop? yes no don't know
 prefer not to answer

Referral Source

<input type="checkbox"/> Self <input type="checkbox"/> NNADAP/Community Worker	<input type="checkbox"/> Service Provider (please fill out following referring agency information)
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Referring Agency Information (if applicable)

Referral Contact Name:	Position:
Organization/Agency:	Address:
Telephone Number: () _____-_____	Email:

Note: Please sign with applicant "Consent to Release Information" and return with application.

Is the referring agency currently providing services to you? Please explain:

Will supports and resources be available to you in your community upon completion of treatment? Please explain:

Name/Resource	Description of Support

Legal

Are you court ordered to attend treatment? <input type="checkbox"/> yes <input type="checkbox"/> no
<i>Applicable only to on-site treatment</i> Are you under any of the following legal conditions? <input type="checkbox"/> bail <input type="checkbox"/> probation <input type="checkbox"/> other * must provide copy of legal documentation*

Treatment history

Have you participated in a non-residential community-based substance abuse and/or mental health program? <input type="checkbox"/> no <input type="checkbox"/> yes if yes: <input type="checkbox"/> completed <input type="checkbox"/> incomplete		
Have you participated in a residential treatment program before? <input type="checkbox"/> yes <input type="checkbox"/> no		
Program	Length	Completed
		<input type="checkbox"/> yes <input type="checkbox"/> no
		<input type="checkbox"/> yes <input type="checkbox"/> no
		<input type="checkbox"/> yes <input type="checkbox"/> no
		<input type="checkbox"/> yes <input type="checkbox"/> no
Is the client currently prescribed any of the following: <input type="checkbox"/> methadone <input type="checkbox"/> suboxone if yes, do you have any carries?:		
Prescribing physician:		Length of time on medication:
Additional notes: _____ _____ _____ _____		

Mental Health History

Diagnosed with a mental illness? <input type="checkbox"/> yes <input type="checkbox"/> no if yes, what is the diagnosis?:
Currently on psychiatric medication? <input type="checkbox"/> yes <input type="checkbox"/> no If yes please describe:

Onsite Program Guidelines

Applicable **ONLY** to withdrawal management and on-site treatment programs

Alcohol and Drugs

The possession or use of alcohol or non-prescribed drugs by clients while in treatment is not acceptable and will result in immediate dismissal from the program. A personal baggage check is conducted upon entry.

Medications

All medication will be handed in upon arrival and given to the Nursing Department to be locked up, secured, and dispensed by nursing staff and/or support staff. We ask that all medication be preferably blister packed or in original prescription container labeled by doctor/pharmacy.

Smoking

Smoking is only allowed in designated areas. Smoking is not permitted in any residence or public areas.

Residence

The doors of occupied sleeping quarters are left unlocked in case of fire. Sleeping quarters are private, and assigned rooms are off limits to others. Random in person health checks are conducted by designated support staff.

Security/Surveillance

Video surveillance is for the comfort and safety of clients and staff. Tampering and or damaging of equipment can result in dismissal of program.

Telephone

Scheduled allotted times will be available after the first week of treatment. Confirmation of safe arrival will be approved upon request.

Personal Belongings

It is recommended that all money and valuables be handed in to the Main Office, as Eagle's Earth Treatment Centre is not responsible for lost or stolen items. Each participant is limited to bringing **one luggage and one bag due** to limited storage capacity of the centre. Participants will have access to laundry facilities.