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# Sâkihítowin

Love one another

A Recovery Home Program by  
The Wood Buffalo Wellness Society  
in partnership and collaboration  
with Ross Residents

[www.woodbuffalowellnesssociety.com](http://www.woodbuffalowellnesssociety.com)



# Sâkhitowin Recovery House

## Application

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The Sâkhitowin Recovery Home Program provides safe and supportive housing for both men and women at various stages of an addiction recovery journey. Inclusive by nature and open to all, the program is Indigenous lead and mandated encompassing Indigenous world views and natural law into our case management perspective and day to day home rhythms.

This program is the joining of the skills and attributes of Ross Residence and the Wood Buffalo Wellness Society, and is an arm of the Mark Amy Treatment centre. The staff of Sâkhitowin also work within the Mark Amy Program to provide continuity to clients transitioning from MATC into the Recovery Homes.

Spread across Fort McMurray, our homes are well appointed and include outdoor spaces with gardens and sitting areas. All are communal living homes where residents can expect to reside with anywhere between 3-7 other individuals, with a Senior Recovery Resident in each home. Clients transition through stages of increased independence and autonomy within the program. Homes are not 24-hour staffed but have 24-hour surveillance. Staff flow through all homes several times a day. Clients are held accountable for choices and behaviors through the use of peer support, house rules and regular intermittent drug and alcohol urinalysis testing. We welcome residents for up to two years and assist clients with securing housing and stable employment before transitioning back into independent living.

Ceremony and culture are cornerstones of the program and are held in high importance in individual recovery plans. With regularly scheduled sweat lodges, access to traditional medicines, smudging, arts and crafts and time on the land, we create and provide abundant opportunities for residents to reconnect in what we know, works. Mentorship and interaction with strong Elders, Knowledge Keepers and Aunties and Uncles from our communities is provided whenever possible. Residents are encouraged to learn Indigenous cultural ways and skills and are encouraged to assume roles of helpers with ceremony and Elders where possible. Mentorship from others living a path of recovery is embedded into daily interactions through peer support staff and volunteers.

The program is semi structured with a combination of required participation and exercising autonomy and independence. Residents are exposed to traditional recovery paths like mental health counselling and participation in peer support groups as well as provided opportunities for employment & training, education, volunteering, and leisure activities. 90% of the residents we work with are parents. In cases of family system disruption, we work with all parties to facilitate thoughtful family reunification plans. We work with many partner agencies to provide wraparound support with a multi-disciplinary approach to addiction and mental health recovery.

Please submit all completed applications to [aftercare1@woodbuffalowellnesssociety.com](mailto:aftercare1@woodbuffalowellnesssociety.com), faxed to 780-334-2352 or completed online through our website [www.woodbuffalowellnesssociety.com](http://www.woodbuffalowellnesssociety.com).



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If you have any questions or concerns please do not hesitate to reach out to the above email or call 780-713-6337 or 780-334-2398 for assistance.

### General Information

1. Application Date (MM/DD/YEAR)

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2. Full Name

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Given name

Surname

3. Date of Birth (MM/DD/YEAR)

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4. Age \_\_\_\_\_

5. Gender (please circle all that apply)

- Female
- Male
- Two Spirit
- Other

6. Provincial Health Care # (Please indicate what province as well)

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7. Phone Number:

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8. Email:

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9. Language – Spoken (please circle all that apply)

- English
  - Cree
  - Dene
  - French
  - Other (please specify) \_\_\_\_\_
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10. Treaty Status? (Please Circle)

Yes

No

11. Band Name (if applicable)

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12. 10-Digit Treaty Number (if applicable)

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13. Emergency Contact Name

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14. Relationship to the applicant?

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15. Emergency Contact Phone Number:

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16. Employment Status (please circle)

- Employed Full-time
- Employed Part-time

- Unemployed
- Other (please explain)

17. Last grade/educational program completed?

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18. Does the client require assistance with reading or writing?

- Yes
- No

19. Has the client been diagnosed with any learning problems/disabilities? If so, please describe.

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20. Does the client have any allergies? If so, please list.



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### Family Relationship

21. Marital Status

- Family Relationship
- Single
- Married
- Divorced
- Separated
- Widowed
- Common-Law

22. Does the client have dependent children?

- Yes
- No
- Not Applicable

23. Describe any current Child & Family Services involvement.

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24. Children Services Plan attached?

- Yes
- No
- Not Applicable

25. Was the client themselves ever involved in Child and Family services?

- Yes
- No

26. Does the client have dependents?

- Yes
- No

27. Who in the family and/or community is supportive of the client?

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28. What does the client feel are the strengths of his/her family?



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### Legal Status

29. Has the client been court ordered to reside at the Recovery House?

- Yes  No

30. Probation Order/Parole Conditions attached?

- Yes  No

31. Is the client currently incarcerated?

- Yes  No

32. Is the client under any of the following legal conditions?

- Bail  Other (provide details) \_\_\_\_\_  
 Parole \_\_\_\_\_  
 Probation \_\_\_\_\_  
 Temporary Absence Order \_\_\_\_\_

33. Is the client currently facing any other charges? If yes, please provide details.

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### Treatment History

34. Has the client participated in non-residential community-based substance abuse and/or mental health program?

- Yes  No

35. If yes, please describe programs. (Year attended & Program name)

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36. Is the client currently prescribed any drug replacement therapy? (ex: methadone/suboxone/etc)

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37. If yes, who is the prescribing physician?

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38. Other relevant information related to this medication? (ex: Length of time on medication)

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### Substance Use Profile

39. Substance Use - please check all that apply

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Alcohol  | <input type="checkbox"/> Illicit Street Opiates<br>(Ex: heroin, opium) | <input type="checkbox"/> Barbiturates,<br>Benzodiazepines |
| <input type="checkbox"/> Marijuana  | <input type="checkbox"/> Fentanyl and<br>Analogues                     | <input type="checkbox"/> Prescription<br>Stimulants       |
| <input type="checkbox"/> Cocaine  | <input type="checkbox"/> Prescription Opioids                          | <input type="checkbox"/> Gabapentin                       |
| <input type="checkbox"/> Club Drugs (Ex:<br>ecstasy, GHB,<br>ketamine, etc) | <input type="checkbox"/> Prescription<br>Sedatives,<br>Tranquilizers,  | <input type="checkbox"/> Over the Counter<br>Drugs        |
| <input type="checkbox"/> Hallucinogens                                      |  | <input type="checkbox"/> Anabolic Steroids                |
| <input type="checkbox"/> Amphetamines                                       |  |   |

40. List top three substances of choice

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

41. Has the client experienced any of the following symptoms while withdrawing from substances in the last 6 months?

- |   |   |
|---|---|
| <input type="checkbox"/> Withdrawl Symptoms | <input type="checkbox"/> Seizures         |
| <input type="checkbox"/> Blackouts          | <input type="checkbox"/> Shakes           |
| <input type="checkbox"/> Hallucinations     | <input type="checkbox"/> Delirium Tremens |
| <input type="checkbox"/> Nausea/Vomiting    |   |

42. Has the client experiences problems with any of the following?

- |   |                                   |
|---|-----------------------------------|
| <input type="checkbox"/> Process/Behavioural Addictions | <input type="checkbox"/> Gambling |
|---|-----------------------------------|



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- Eating
- Sex
- Internet/Texting
- Other

### Mental Health Profile

43. Provide the following information about the client's mental health status

- Been diagnosed with mental illness(es) \_\_\_\_\_
- Currently being treated for mental illness(es) \_\_\_\_\_
- Currently on psychiatric medication \_\_\_\_\_
- Taking medication consistently \_\_\_\_\_
- Previous suicide attempts \_\_\_\_\_
- Hospitalized for suicide attempts \_\_\_\_\_
- Currently suicidal \_\_\_\_\_

### Other Issues/Needs

44. Describe client's cultural and/or spiritual beliefs and practices that we need to be aware of

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45. Describe client's personal strengths

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46. Describe other significant issues we need to be aware of

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### Application Checklist

47. Client understands there is an expectation to be alcohol and drug free prior to admission

- Yes
- No





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48. Client understands there is an expectation to have an addiction counsellor

Yes

No

### Referral Information

49. Referral Worker Name

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50. Referral Worker Title

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51. Referral Worker Agency

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52. Referral Worker Phone Number

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53. Referral Worker Email Address

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54. List supports and programs you have provided to the client

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55. What other areas might need to be addressed? (ex: abandonment, residential schools, anger, grief, loss, parenting skills, sexual abuse, rejection, financial, spirituality, suicide, mental health, gambling, and other addictions, etc.)

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56. What are the clients strength and potential challenges?

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57. Please check the items attached to this application

- Referral Checklist
- Probation Order
- Psychiatric Evaluations

### Medical History

58. Medical History - check all that apply

- Central Nervous System Disorder
- Chronic bronchitis
- Asthma
- Heart problems
- Gastrointestinal problems
- Pancreatic problems
- Kidney or urinary problems
- Diabetes / hypoglycemia
- Epilepsy
- Tuberculosis
- Chronic pain
- Eating disorders
- Sleep disorders
- Withdrawal symptoms, seizures, etc.
- Mood disorders
- Psychotic disorders
- Personality disorders
- Allergies
- Liver problems: Hepatitis B & C
- Tuberculosis
- HIV/AIDS
- Sexually Transmitted Infections
- Medical confirmation of pregnancy

59. Current Medications

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Applicant Name (printed)

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Applicant Signature

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Date

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Referral Worker Name (printed)

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Referral Signature

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Date

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### Rules & Expectations

The following rules and expectations are in place for the safety and well-being of all residents in Sâkihitowin Recovery House. Please read each point and initial, ask any questions you may have and sign at the bottom. The breach of any of the below rules and expectations will result in your termination from the program.

1. No guests or visitors in the house unless pre-approved by Sâkihitowin staff. \_\_\_\_\_
2. Family visits/visitors must be pre-approved two (2) days before happening. \_\_\_\_\_
3. You must be, and remain completely abstinent (free of) drugs & alcohol, and be able to pass frequent and random drug and alcohol tests. \_\_\_\_\_
4. All medications must be listed and pre-approved before consumption. \_\_\_\_\_
5. You must keep your medication stored safely and locked in your bedroom. \_\_\_\_\_
6. Sâkihitowin staff will frequently check and count medications to ensure proper usage. \_\_\_\_\_
7. Medical Marijuana is not permitted. \_\_\_\_\_
8. Drug replacement therapy (Suboxone, Methadone, Sublocade, etc.) must be approved prior to your intake date. \_\_\_\_\_
9. There is a zero tolerance for violence, threats of violence, aggression, bullying or posturing. \_\_\_\_\_
10. Curfew is 11pm (2300hrs) unless otherwise approved a minimum of 4-days ahead of time. \_\_\_\_\_
11. Your room as well as the house in general, are to be kept clean and in neat order. \_\_\_\_\_
12. Residents will share the chores in the house and yard, and will follow the posted chore schedule. \_\_\_\_\_
13. Lending money and other items (medications, clothing, hygiene items etc) is not permitted. \_\_\_\_\_
14. Working and/or volunteering in the community is a requirement. \_\_\_\_\_
15. Rent is due on or before 12pm (1200hrs) noon on the first day of each month. \_\_\_\_\_
16. You must submit in writing, at least 30 days notice to break your tenancy/move out. Failure to do so waves your right to have your damage/admin deposit returned. \_\_\_\_\_
17. Security deposits are returned provided 1 month (30days) notice to vacate is provided in writing, there are no damages or outstanding rent due. \_\_\_\_\_
18. You must attend AA/NA/CA etc. meetings daily. If you are unable to due to work or other specified reasons, this must be pre-discussed with Sâkihitowin staff. \_\_\_\_\_
19. If you are working, your meeting attendance will be discussed individually. \_\_\_\_\_
20. You may be required to complete a weekly meeting attendance form which will \_\_\_\_\_



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need to be submitted to Sâkhitowin staff weekly, on Mondays.

21. Should you break your tenancy in any way, you are responsible for the packing of your belongings. Any belongings left will only be held for 30 days before being disposed of or donated.

22. Attendance to AHS Addiction & Mental Health is required for addiction counselling a minimum of one (1) time per month, unless otherwise discussed with Sâkhitowin staff.

23. Attendance to Mark Amy meetings/sessions (women's, co-ed support group) weekly (Monday, Tuesday, Thursday) are required unless working or otherwise discussed with Sâkhitowin staff.

24. If you have a phone, you are expected to respond to Sâkhitowin staff within 3-hours of receiving a call or text unless you are working or is pre-arranged.

25. If you slip/relapse you will be asked to leave the home immediately. Your bed will be held for 7-days IF you go right to detox for the 7 days. If you relapse/slip and to not attend detox immediately you will have to reapply for a bed after 30-days.

26. If you are released on a court order, ALL aspects of the order must be followed to avoid returning to jail.

27. If you are involved with Drug treatment court, all expectations of that program must be followed in addition to the above and below stated rules & expectations.

28. You will be required to obtain a sponsor or seek guidance from a trusted Elder, and must be actively working on step work from your chosen program of recovery.

above listed program rules and expectations to the best of my ability, and understand

I, \_\_\_\_\_ hereby acknowledge and agree to follow all of the consequences should I not.



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Resident Signature

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Date