Kackaamin
FAMILY DEVELOPMENT CENTRE

Colleague's Rebalance, Renew, Refresh: Self-Care Retreat

August 8 - 12, 2022

Cost: $100.00

Kackaamin Family Development Centre is pleased to announce an opportunity for front-line workers to come together for a week of Rest, relaxation, self-assessment and self-awareness as it relates to:

Grief and loss
Burnout- Compassion Fatigue
Vicarious Trauma
Chronic Stress Injury

Healing will be offered to Re-Invigorate and Re-Energize through:

Cultural Ceremony
Laughter
Yoga
Creation of a Self-Care Plan
And more.....

Accommodation is available for those wishing to stay onsite.
Daily lunch will be provided.

We are pleased to be a part of your healing journey.

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Colleagues: Rebalance, Renew, Refresh Retreat

COST: $100.00

. ***Participants are asked to refrain from any and all drug and alcohol use during programming. Healing will be based on Traditional culture and ceremony- participants' need to have a clear mind and spirit to connect with the Creator and Ancestors.***

We will be providing snacks and lunch during the day. Participants are required to bring breakfast, snack and dinner for their units.

All those choosing to stay onsite will be sharing their accommodations with others.
Kackaamin has 2 bedroom, 3 bedroom, 4 bedroom, 5 bedroom and wheel chair accessible townhouse units. They have full bathrooms and full kitchen with dishes and baking needs.

All Staff are vaccinated for COVID 19. We recommend vaccination and ask those who are not to take the precautions necessary for safety as required.

Registration payable to: Kackaamin Family Development Centre, 7830 Beaver Creek Road, Port Alberni, BC V9Y 8N3. Etransfer can be arranged by calling Cheryl Guineau at 250-723-7789

Kackaamin Family Development Centre Program Guidelines

- This is a Drug and Alcohol free event.
- Smoking is allowed in the designated smoking areas
- Clients are responsible for their own travel arrangements to and from the center
- Arrival time on intake day is between 12:00 pm – 5:00 pm

Please connect with Intake Coordinator, Julie Fontaine, at 250-723-7789 or julie.f@kackaamin.org for any questions or concerns related to programming application requirements.

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Colleagues Retreat Registration for August 8-12, 2022

PLEASE PRINT CLEARLY

IDENTIFYING INFORMATION

LAST NAME	FIRST NAME	KNOWN AS	
DATE OF BIRTH (YYYY MON DD) ❑ MALE ❑ FEMALE	TELEPHONE	EMAIL	
ADDRESS	CITY	PROVINCE	POSTAL CODE
ABORIGINAL ANCESTRY ❑ YES ❑ NO	BAND NAME	ON RESERVE ❑ YES ❑ NO	
CARE CARD NUMBER	STATUS NUMBER (10 DIGIT NUMBER)		

PERSONAL HISTORY

EMPLOYMENT STATUS ❑ WORKING ❑ S.A. ❑ E.I.C. ❑ OTHER	MARITAL STATUS: ❑ SINGLE ❑ COMMON-LAW ❑ SEPERATED ❑ DIVORCED

Are you a survivor of Residential School? ❑ YES ❑ NO
Are you a survivor of a Day School Program? ❑ YES ❑ NO
Are you an Intergenerational Survivor of Residential/ Day School? ❑ YES ❑ NO

Substance Use History- Please Indicate Drugs of Choice and Date of Last Use:
(We are collecting this information for program development and client safety while here)

❑ ALCOHOL Date of Last Use:	❑ NON- PRESCRIPTION DRUGS Date of Last Use:	❑ PRESCRIPTION DRUGS	❑ INHALANTS
ii) Abuse Pattern	❑ DAILY ❑ MOSTLY WEEK-ENDS ❑ BINGE		

EMERGENCY CONTACT INFORMATION

EMERGENCY CONTACT SURNAME	EMERGENCY CONTACT FIRST NAME	RELATIONSHIP
TELEPHONE	EMAIL	CITY OF RESIDENCE

INFORMATION

Do you have physical limitations that prevent you from doing recreational or cultural activities	❑ YES ❑ NO	Do you require a wheel chair accessible unit?	❑ YES ❑ NO
Do you have any allergies (food, insect, medications) we need to be aware of		Please explain	
I understand and accept I will be placed in shared accommodation	❑ YES ❑ NO	I am committed to complete a structured program process focused on my wellness	❑ YES ❑ NO

I am willing to be involved in all types of intensive activities?	❑ YES ❑ NO	I am willing to participate in First Nations Treatment program components such as sweat lodge, daily smudge, pipe and other cultural ceremonies?	❑ YES ❑ NO
I am willing to put aside all external distractions while in the journey to the wellness program	❑ YES ❑ NO	Have you received the COVID-19 Vaccine? 1st 2nd 3rd	❑ YES ❑ NO

Participant NEEDS

Have you engaged in healing programs (healing circle, cultural practice, etc.)?
Health and wellness: Do you have food allergies? Medical requirements? Special needs: Please indicate so we can assure safety needs
Accommodation: Are you staying with us for the week?

HEALTH HISTORY

LAST NAME	FIRST NAME
CARE CARD NUMBER	STATUS NUMBER (10 digit number)

Are you currently or have you ever been treated for any of the following? (Check All That Apply, or Non-Applicable)

- o Asthma
- o Bleeding disorder
- o High Blood Pressure
- o Low Blood Pressure
- o Headaches
- o Diabetes
- o Epilepsy
- o Heart Disease
- o Arthritis
- o Varicose veins
- o Pacemaker
- o Musculoskeletal Problems
- o Cancer
- o Pregnancy
- o Stroke
- o Gastro-Intestinal Problems
- o Hemophilia
- o Other (please specify):

List all medications you are currently taking, include over-the-counter drugs and herbal supplements

MEDICATION NAME	CURRENT DOSE	TAKING SINE	PATIENT INTIALS	DATE FINISHED

Acknowledgment

I understand I am providing the following confidential medical information for my personal safety while at Kackaamin Family Development Centre, in case of a medical emergency

CLIENT SIGNATURE _____ DATE _____

REFERRAL WORKER NAME _____ REFERRAL WORKER PHONE: _____

REFERRAL WORKER SIGNATURE _____ DATE _____