



Sacred Turtle Woman Healing Centre  
2024 Admissions Application Package  
Silver Summit, Alberta

[Info@stwhc.ca](mailto:Info@stwhc.ca)

1 - 888 - 306 - 5115

[www.stwhc.ca](http://www.stwhc.ca)

Look for us on Facebook and Instagram

“Fostering respectful, compassionate, culturally appropriate, and competent care that is responsive to the needs, values, and beliefs of the people we serve”



Thank you for choosing Sacred Turtle Woman Healing Centre!

Here's what you will find in this package.

- Overview of services we provide
- Programming details
- Expected outcomes
- Requirements for admission
- Application
- Fees

### **Overview Of Services We Provide**

At Sacred Turtle Woman Healing Centre we believe that everyone has the capacity to change when they draw strength from their own sacred spirit fire. We also know that for an individual to embark on their own sacred healing journey, they need to be in a safe, supportive, culturally appropriate environment. Our site is uniquely situated on 170 acres nestled among pristine bush and mountain range. The quiet atmosphere and beautiful night skies provide a safe backdrop for fasting, sweat lodge ceremonies, and meditation.

Our clients receive shared accommodation (2 to a room), 3 healthy meals a day and snacks, evening Wellbriety 12 step programming, daily life skills and trauma-informed programming, access to Elders and cultural ceremonies, one-on-one counselling, individualized healing plans, regular recreational activities, special weekend team building, hands-on cultural crafts and land-based teachings, as well as transportation to and from appointments, intake and discharge.

For clients requiring help relocating to another city/community, assistance will be provided to connect to available resources and supports. Sacred Turtle Woman Healing Centre believes in the continuum of care and therefore plans to continue the care for our alumni by providing support, access to support and cultural ceremonies after discharge.

## **Programming Details**

Sacred Turtle Woman Healing Centre provides Indigenous-created programs that address and develop recovery capital so that individuals are better equipped to sustain sobriety long term. Programs such as:

- Strengthening the Warrior Within (helps clients examine traumatic experiences, heal the scars of abuse, and get rid of rage and anger that we carry)
- Mending Broken Hearts (healing from grief and loss)
- Fathers of Tradition/Mothers of Tradition (acquiring parenting skills through traditional teachings)
- Wellbriety 12 Step program (12 step program infused with Indigenous culture)
- I am of the Land (help individuals connect to the land through hands-on experience)
- Indigenous Employment Skills Training

## **Expected Outcomes**

The clients will acquire knowledge in healthy relationships, healthy boundaries, understanding co-dependency, time management, and basic life skills. Towards the end of the program, clients learn more about healthy living, which includes meal planning, financial planning, finding employment, and incorporating physical activities that can be done at home.

The clients will work to create a strong support system to help them move forward on their journey of sobriety as well as acquire skills to improve their self-esteem and self-awareness, examine the impacts of intergenerational trauma, and build soft skills such as time management, critical and rational thinking, and conflict resolution.

## **Requirements for Admission**

- Must be at least 18 years of age
- Must be of First Nation, Metis or Inuit ancestry or non- Indigenous following a traditional healing path
- Must be free of all substances for at least 72 hours
- Must be physically and mentally capable of participating in programming
- Must be active participants in their own healing journey
- Must have all legal, medical, and social matters under control prior to entry



## Sacred Turtle Woman Healing Centre

### Client Admission Form

Date Signed: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 yyyy/mm/dd

Last Name:	First Name:
Address:	City:
Postal Code:	Cell:
Worker Name:	Worker cell:
Email address:	Date of Birth:
Age:	Gender Identity:
How did you hear about us?	Are you: <ul style="list-style-type: none"> <li>● Treaty / Status</li> <li>● Non-Status</li> <li>● Metis</li> <li>● Inuit</li> <li>● Other</li> </ul>
Band Name:	Province:
Treaty Number:	Alberta Health Care Number:

<p>Do any of these apply to you?</p> <ul style="list-style-type: none"> <li>● Residential School</li> <li>● Sixties Scoop</li> <li>● Day School</li> <li>● Incarceration (Provincial/Federal)</li> </ul>	<p>Have you been mandated to attend treatment?</p> <p>Yes _____</p> <p>No _____</p> <p>Parole requirements _____</p>
<p>Occupation:</p>	<p>Employer:</p>
<p>Marital Status:</p> <ul style="list-style-type: none"> <li>● Married</li> <li>● Single</li> <li>● Common law</li> <li>● Separated / Divorced / Widowed</li> </ul>	<p>Children: (less than 18 yrs old)</p> <p>1. _____ age: _____</p> <p>2. _____ age: _____</p> <p>3. _____ age: _____</p> <p>4. _____ age: _____</p> <p>5. _____ age: _____</p> <p>6. _____ age: _____</p>
<p>Where do your children currently live?</p> <ul style="list-style-type: none"> <li>● With parent</li> <li>● With family members</li> <li>● In care</li> </ul>	<p>Do you have a CFS worker?</p> <p>Yes ____ No ____</p> <p>Name: _____</p> <p>Number: _____</p>
<p>Primary Addiction - Please pick ONE:</p> <ul style="list-style-type: none"> <li>● Alcohol</li> <li>● Amphetamine</li> <li>● Other stimulants</li> <li>● Cannabis</li> <li>● Cocaine/Crack</li> <li>● Gabapentin</li> <li>● Hallucinogens</li> <li>● Heroin</li> <li>● Fentanyl</li> <li>● Prescription Opioid</li> <li>● Hypnotics/Sedatives</li> <li>● Inhalants/Solvents</li> <li>● Other, please explain: _____</li> </ul>	<p>Secondary Addiction- Please check off all other substances used:</p> <ul style="list-style-type: none"> <li>● Alcohol</li> <li>● Amphetamine</li> <li>● Other stimulants</li> <li>● Cannabis</li> <li>● Cocaine/Crack</li> <li>● Gabapentin</li> <li>● Hallucinogens</li> <li>● Heroin</li> <li>● Fentanyl</li> <li>● Prescription Opioid</li> <li>● Hypnotics/Sedatives</li> <li>● Inhalants/Solvents</li> </ul> <p>Other, please explain: _____</p>

<p>When did you start using substances</p> <p>_____</p>	<p>Are you currently relying on THC to help subdue addiction cravings, cope with anxiety or depression, or manage pain?</p> <p>_____</p>
<p>Have you ever attended treatment before? When and where?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Did you complete the program? _____</p> <p>How long were you able to sustain sobriety when released? _____</p> <p>Please indicate what you are hoping to achieve through attending our program and detail your level of commitment to your recovery:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Factors that have contributed to your need for Addictions Treatment- Select any that apply:</p> <ul style="list-style-type: none"><li>● Abuse/Violence</li><li>● Impulse Control</li><li>● Personality</li><li>● Acting Out/Antisocial</li><li>● Legal</li><li>● Relationships</li><li>● Addiction (not substances)</li><li>● Medical</li><li>● Self-Harm</li><li>● Cognitive</li><li>● Mood</li><li>● Gender Identity</li><li>● Crisis</li><li>● Neurodevelopmental</li><li>● Sleep</li><li>● Developmental</li><li>● Obsessive/Compulsive</li><li>● Social</li><li>● Eating</li><li>● Other Mental Health</li><li>● Trauma/Stress</li></ul>

Have you ever been diagnosed with a Mental Health concern (i.e., depression, anxiety, bipolar disorder, personality disorder, etc.):

YES \_\_\_ NO \_\_\_ If Yes, what and when were you diagnosed?

Are you currently on any medications? If yes, please list name of ALL medication(s):

\_\_\_\_\_

\_\_\_\_\_

Are you currently having thoughts of suicide or self-harm, or have you had past suicide attempts?

YES \_\_\_\_ NO \_\_\_\_ If yes, please explain when: \_\_\_\_\_

Sacred Turtle Woman Healing Centre is **NOT** a medical facility and has **NO** medical staff on site. By initialing here, the client acknowledges and understands the forgoing.

Initial \_\_\_\_\_ Witness \_\_\_\_\_

Please describe your situation in the following areas:

1. Family/Social Supports:

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

2. Employment (Regular type of work, employment status etc.):

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

3. Legal: Disclosure of ALL legal history and ALL past/pending charges is a REQUIREMENT to attend treatment: a. Do you have current criminal charges? If yes, please list below in DETAIL:

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

b. Do you have past criminal charges? If yes, please list below in DETAIL:

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

c. Do you have upcoming court dates? If yes, please list below.

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

d. Are you on probation, parole, or bail? Yes \_\_\_\_ No \_\_\_\_

Probation/Parole Officer Name and Phone Number:

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

5. Family Addictions History:

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

6. Income Source- Please check all that apply:

- Employment
- Alberta Works, please list Alberta Works File #: \_\_\_\_\_
- AISH
- Employment Insurance (EI)
- On-Reserve Income Assistance
- Other assistance or source of income
- No income
- Do you have safe and stable housing for after treatment? Yes \_\_\_\_ No \_\_\_\_  
If No, where do you plan to live? \_\_\_\_\_

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

**CONSENT FOR RELEASE AND COLLECTION OF CONFIDENTIAL INFORMATION**

I, \_\_\_\_\_, give permission to Sacred Turtle Woman Healing Centre to contact:

PRINT NAME

TO/FROM: (Please check only those that you have involvement with)

- Alberta Health Services \_\_\_\_\_
- Calgary Drug Treatment Court \_\_\_\_\_
- Probation and Community Corrections \_\_\_\_\_
- Corrections Service Canada \_\_\_\_\_
- Home Community Wellness \_\_\_\_\_
- Alberta Works \_\_\_\_\_
- First Nation Inuit Health Branch (FNIHB) \_\_\_\_\_
- Assured Income for the Severely Handicapped (AISH) \_\_\_\_\_
- Child and Family Services \_\_\_\_\_
- Elizabeth Fry Society \_\_\_\_\_
- John Howard Society \_\_\_\_\_
- Ninigan \_\_\_\_\_
- Other: \_\_\_\_\_

**WHAT INFORMATION**

For the purposes of arranging funding for treatment, transportation to/from treatment, medical assessment for treatment, housing for pretreatment, and status of criminal charges, probation, or parole to assess appropriateness for treatment.





I, \_\_\_\_\_, of my own free will, without duress or undue influences hereby give permission to Sacred Turtle Woman Healing Centre to release/receive relevant, confidential information written or oral to - from \_\_\_\_\_ Pharmacy for the purpose of my application to attend treatment. This authorization shall legally remain in effect until cancelled by myself in writing or after a period of 2 years from the date this form is signed.

Applicant Date of Birth: \_\_\_\_\_ Alberta Health Care #: \_\_\_\_\_

Applicant Name (Print): \_\_\_\_\_

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

Prescription Coverage Info: \_\_\_\_\_

Current Pharmacy Name and Number: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
yyyy/mm/dd

### **Sacred Turtle Woman Healing Centre Confidential Inpatient Treatment Medical Form**

It is a requirement of Sacred Turtle Woman Healing Centre that any client seeking admission to this facility must present a recent medical examination. This form should be filled out by a Doctor/RN or Community Health Nurse and be included with the client's application for admission.

Applicant's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Alberta Health Care Number: \_\_\_\_\_

#### **Client's Consent to Release Information:**

I, \_\_\_\_\_ (client's name) hereby consent to the release of my medical assessment contained in this questionnaire to Sacred Turtle Woman Healing Centre. I also give permission for Sacred Turtle Woman Healing Centre and staff to contact the below medical professional should further medical information be required for my admission to the Sacred Turtle Woman Healing Centre program.

Client or Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
yyyy/mm/dd

Doctor/RN Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Are you the applicant's regular Doctor? YES  NO

Certain medical conditions may restrict the client's participation in the treatment program. Please indicate whether this applicant has a history of any of the following:

- Cancer
- Sexually Transmitted Disease
- Epilepsy
- Heart Disease
- Diabetes
- Tuberculosis
- Allergies
- Respiratory Problems
- Rheumatic Fever
- Hallucinations
- Visual Problems
- Audio Problems
- Alcohol/Drug Related Seizures
- Arthritis
- Hepatitis/Liver Disease
- Kidney Disease
- Pressure Ulcers
- VTE (Venous thromboembolism)
- Skin or Wound Care Necessary
- Recent Surgery \_\_\_\_\_

Tuberculosis Symptom Inquiry – does this applicant present with any of the following symptoms:

- cough  $\geq$  3 weeks (productive)
- fever
- night sweats
- weight loss
- fatigue
- hemoptysis

If symptoms suggest active TB disease, chest x-ray and sputum samples for AFB and culture are recommended and possible referral to Tuberculosis Services 403-944-7660.

Influenza Symptom Inquiry – Does this applicant present with any of the following symptoms:

- symptoms of fever
- cough
- runny nose
- sore throat
- body aches
- fatigue
- lack of appetite
- diarrhea
- vomiting

If symptoms suggest active influenza, please direct the client for proper treatment. Clients must be symptom free to attend our Treatment Program.



## **Sacred Turtle Woman Healing Centre Important Information for Clients**

(Please keep for your information – Do not send back)

### **Application:**

Please ensure your application includes your medical assessment. After your application is sent in, please allow 3 business days for processing. Once your application has been approved and there is a space available, we will give you a confirmation date and send you the Sacred Turtle Woman Healing Centre Resident Handbook with all pertinent details for your admissions day. If there is a wait list, you are responsible for calling the Admissions Coordinator weekly to check in – you can leave a message. If you do not check in, your name will be removed from the waitlist. Sacred Turtle Woman Healing Centre keeps applications on file for 3 months; after 3 months, both the application and medical are shredded.

### **Appointments:**

All legal, medical, employment, housing and child-care appointments must be dealt with prior to admission. Clients will not be allowed to attend outside appointments/court dates while in the Program.

### **Financial Information:**

If you do not have Band/Wellness support and are paying room and board fees personally, Sacred Turtle Woman Healing Centre will only accept money orders or certified cheques. Please have a bank draft or money order made out to Sacred Turtle Woman Healing Centre prior to admission. If coming from out of the province, Room and Board fees are your responsibility. You can access funding through First Nations Inuit Health Branch/Employee Benefits - if eligible. If you are being mandated to treatment, please have your worker approve funding prior to admission in writing. Do not bring in large amounts of cash - only bring enough to get by (gift store/tobacco). We will not hold money for clients and are not responsible for any loss.

### **Other Information:**

- Sacred Turtle Woman Healing Centre is an abstinence-based program. You **MUST** be 3 days (72 hours) sober off of ALL substances (including medical marijuana) before your admission date. Please let the Admissions Coordinator know if you cannot stay sober on your own and, if you need, a referral to detox can be made.
- We are a smoking facility, smoking is allowed outside of the centre in designated areas, and during specific times. Please bring at least 2 weeks' worth of tobacco.
- Healing groups/presentations run 7 days a week. It is mandatory for you to attend all groups, including 12 Step meetings and Cultural activities.
- Visiting hours are on Sundays only and only permitted when approved. The hours are 11:00 am to 4:00 pm.
- All medications must be approved by your doctor and Sacred Turtle Woman Healing Centre prior to admission. Only bring in medications listed on your Admissions Medical unless you have approval from the Admissions Coordinator. Medications are only admitted in their original packaging with original labels. Any vitamins **MUST** be prescribed and have a prescription label, no exceptions. No powder supplements (protein/collagen) permitted.

**\*\* Once you are on the waitlist or have a start date, here is a general list of what to bring (2 bag maximum):**

- Deodorant and other Personal Hygiene/Care Items
- Toothbrush and toothpaste
- Alarm clock
- Slippers, Moccasins, Pajamas, Housecoat
- Clothes according to season
- Sweat Clothes
- Tobacco - Enough for two weeks minimum

**\*\* Sacred Turtle Woman Healing Centre provides shaving items, body wash, shampoo and creme rinse., as well as towels, face cloths and bedding. Washers and dryers are provided for resident use free of charge.**

**\*\* Cell phones are not permitted during your stay and will be confiscated until your discharge**

**\*\* Access to computers may be granted on a case-by-case basis and only on weekends**

**\*\* Cultural involvement is a component of attending the program and participation in ceremonies is expected**

**You can email your completed application to:**

**[applications@stwhc.ca](mailto:applications@stwhc.ca)**