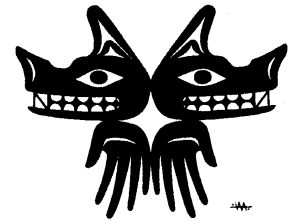


# TSOW-TUN LE LUM SOCIETY

## Helping House



PO Box 370 Lantzville, BC, Canada V0R 2H0  
Telephone: 250.390.3123 Fax: 250.390.3119

E-Mail: [info@tsowtunlelum.org](mailto:info@tsowtunlelum.org) Website: [www.tsowtunlelum.org](http://www.tsowtunlelum.org)

## KWUNATSUSTUL – Trauma Program

### “HOLDING HANDS, STANDING TOGETHER”

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#### A CONTINUUM OF CO-EDUCATIONAL RESIDENTIAL SECOND STAGE TRAUMA TREATMENT SERVICES:

- *INTENSIVE TRAUMA PROGRAM (5 WEEKS)*
- *ELDERS & COLLEAGUES PROGRAM (3 WEEKS)\**
- *HONOURING GRIEF (2 WEEKS)\**
- *PADDLE YOUR OWN CANOE (1 WEEK)\**

These programs are offered to address mental health issues associated with sexual abuse, unresolved grief, survivors of residential school, intergenerational survivors, and substance abuse. This Vancouver Island Aboriginal residential wellness centre provides healing through balanced state-of-the-art therapy programs that acknowledge and support physical, emotional, mental, and spiritual health.

**The five week Trauma Program and three week Elder & Colleague Program are intended for those individuals who are currently active in treatment for trauma with a community Counsellor. In addition these programs are suitable for those who have been clear of drugs and alcohol addiction for a minimum of six months. (\* for these shorter programs, applicants need to be clear of drugs and alcohol addiction for minimum three months)**

#### **Kwunatsustul Mission**

To offer Aboriginal people challenged with unresolved historical trauma the opportunity to collectively move beyond the trauma of their past, through a sensitive residential experience that promotes healing and discovery of ways to have their lives make a difference.

#### **Vision Statement**

Embracing Culture  
Challenging Ourselves  
Interdependently Innovative  
Leading Wellness Movements  
Strengthening Our Nations  
Creating Sustainability  
Led by the Voices of our Ancestors

# CONTENTS

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<b>SECTION ONE – REFERRAL WORKERS INFORMATION .....</b>	<b>3</b>
Referral Process .....	4-5
Admission Criteria .....	6
Funded by .....	7
Payment for Treatment .....	7
Assessment Overview .....	7
Glossary of Terms in the Salish Language .....	7
<b>SECTION TWO – INFORMATION FOR CLIENT.....</b>	<b>8</b>
Notes to Client .....	9
What You Need to Know .....	10-15
Travel Checklist .....	16
Return Travel .....	17
Follow-up Appointment .....	17
Location & Transportation .....	18
<b>SECTION THREE – PRE-ADMISSION MEDICAL EVALUATION .....</b>	<b>19</b>
<b>– TB TEST information</b>	
Notes to Physician .....	20
Pre-Admission Medical Evaluation .....	21-23
<b>SECTION FOUR – APPLICATION PACKAGE.....</b>	<b>24</b>
(Ensure ALL pages are completed and submitted)	
Referral Worker Information .....	25
Personal Information .....	26
Client History .....	27
Legal .....	28
Counsellor’s Perspective .....	29
Contact Assessment .....	30-31
Consent for Treatment .....	32
Consent for Release of Information .....	33
House Guidelines Agreement .....	34
Checklist .....	35

# SECTION ONE

## REFERRAL WORKERS INFORMATION (pages 3 thru 7)

# REFERRAL PROCESS

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Thank you for your cooperation in expediting the referral and admissions process. If we can be of assistance, please call:

**Tsow-Tun Le Lum Intake Worker for Kwunatsustul:**

**PHONE: (250) 390-3123**

**FAX: (250) 390-3119**

**E-mail: [info@tsowtunlelum.org](mailto:info@tsowtunlelum.org)**

As the referral person, please follow these procedures:

- Read the sections called **ADMISSION CRITERIA** and **PAYING FOR TREATMENT** to determine eligibility of the prospective client.
- PRE-ADMISSION MEDICAL EVALUATION FORM** (SECTION THREE **pages 21-23**) to be filled in by family physician.
- TB test required.**
- APPLICATION PACKAGE** (pages 24 thru 35) to be completed in the presence of the prospective client. Please ensure application is complete and pages are in numerical order. Forward to Tsow-Tun Le Lum.
- Upon receipt of **complete package**, the referral worker will be notified of a potential admission date.
- Discuss and read the **Admission Criteria (page 6)** and **What You Need to Know (pages 10 to 15)** with your client. Client must sign **House Guidelines for Resident's Agreement (page 34)**.
- Discuss follow-up and after-care plans with your clients as the healing process is a continuum.
- If your client is on **probation**, it is imperative that the probation information be included in the appropriate spaces in the assessment package. Your client must also submit a copy of the parole, probation, or temporary absence order. Your client must have completed a substance abuse treatment program and provide us with a copy of their discharge summary. Our Client Services Coordinator will review on an individual basis.
- Wrong reasons to be here – to get my children back, court orders, looking good for court, my wife/brother/father/mother/husband/children/other family members want me to come.
- Confirm the payment of fees, comfort monies, and travel arrangements (including return fare).

- Ensure your client has a valid medical care card and that coverage is adequate.
- Ensure client has completed any medical and dental appointments prior to treatment. Ensure they have hearing aids and reading glasses if required.
- Ensure your client is aware of clothing and personal needs including items on the list below –
  - white soled/non-marking soled runners
  - slippers
  - men – large towel, sweat shorts, and T-shirt
  - women – large towel, long flannelette/cotton gown (covering to neck, ankles, and wrists)
  - swimsuit
  - towels (we do **not** supply)
  - toiletries (shampoo, toothpaste, razors, feminine needs, etc.)
  - writing paper, envelopes, stamps
  - comfort/spending money for 40 days
  - arts and crafts projects, if on hand
  - musical instruments are allowed
- At least ten days prior to admission, confirm that all financial arrangements are complete. This includes arrangements for all travel, comfort money, and any additional expenses.

**TRAVEL:** Intake arrival time is **before 2:00 PM** and residents are responsible for their transportation to and from the Centre during the program.

In our work at Tsow-Tun Le Lum we feel it is extremely important to welcome program participants upon arrival. Please ensure your client arrives on time. In our opening circle participants are able to introduce themselves and connect with group members. This helps them to start working openly and honestly.

During the welcoming, we take participants on a tour of the building, explain the program, and outline what to expect. We then follow with a video. By bedtime, participants are somewhat settled into our *Helping House*.

# ADMISSION CRITERIA

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To be admitted to the Tsow-Tun Le Lum Helping House Treatment Programs the prospective participant must –

1.  be 19 years of age, or older;
2.  be **mentally capable** and **physically able** to participate in intense counselling situations;
3.  not have consumed alcohol, used illegal or mind-altering drugs, marijuana or other cannabis products, for the period specified in #s 4 & 5 below.
4.  If applying for the shorter (1-2 week) program, please do not submit application until your client has minimum three (3) months sobriety. This sobriety requirement **includes 3 months free of alcohol, methadone, suboxone, medicinal or recreational marijuana, and all cannabis products containing THC or CBD.**
5.  If applying for the full five-week program, please do not submit application until your client has minimum six (6) months sobriety. This sobriety requirement **includes 6 months free of alcohol, methadone, suboxone, medicinal or recreational marijuana, and all cannabis products containing THC or CBD.**
6.  have no appointments to attend during the program such as: social worker, doctor, physiotherapist, dentist, chiropractor, childcare. Please be aware that if you have outside appointments scheduled during the program, you may be ineligible to continue treatment;
7.  not have any legal issues before the courts. Resolution and sentencing must be complete prior to referral;
8.  if charged with a sexual offence, the client must produce verification that they have successfully completed a sex offender program;
9.  complete a pre-admission medical and have the forms signed by a qualified physician (including a TB skin test or chest x-ray result from tests completed within the last year);
10.  be in control of all disease and free from any communicable disease;
11.  have a valid medical care card;

We strongly recommended that –

12.  your client participates in 4-6 sessions with counsellor, therapist, psychologist, psychiatrist or referral worker prior to treatment, plus follow-up sessions.
13.  your client has community-based support group experience - this helps to make best use of the group experiences in the trauma program.
14.  In order for clients to get the most out of their time at Tsow-Tun Le Lum, we encourage their participation in the cultural and traditional ceremonies and practices that are incorporated within our programs.

## FUNDED BY

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First Nations Health Authority

## PAYMENT FOR TREATMENT

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All Status Indians in Canada are eligible to attend a National Native Alcohol and Drug Abuse Program treatment centre at no cost.

Status Indians must have their band name and number. Referral workers are to ensure the client has a valid care card number.

Métis and Non-Status Indians who are currently receiving social assistance, may apply for funding through their social worker.

## ASSESSMENT OVERVIEW

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This assessment package is to refer clients to Tsow-Tun Le Lum Helping House. The assessment package may also be used for referring a client to another type of agency other than a treatment centre as it is consistent with the information collected for all the National Aboriginal Alcohol & Drug Abuse Program funded treatment centres.

## GLOSSARY OF TERMS IN THE HUL'Q'UMI'NUM' LANGUAGE

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Tsow-Tun Le Lum  
Kwunatsustul

Helping House  
Holding Hands, Standing Together

# SECTION TWO

## INFORMATION FOR CLIENT

(pages 8 thru 18)

*READ this information thoroughly to prepare  
for Kwunatsustul*

*“Holding Hands, Standing Together”*

*Do NOT return these pages to TTLL.*



# NOTES TO CLIENT

## Important to know...

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*The following items are necessary for us to accept an application to any of our programs:*

### **TB TEST**

Due to Health Canada requirements, Tsow-Tun Le Lum requires a current TB screening test (within a one year period). If the test is positive, a chest x-ray is mandatory.

- **Return your TB report to your referral worker and it will be included in your program application.**

### **PRE-ADMISSION MEDICAL EVALUATION**

The Pre-Admission Medical Evaluation form is to be completed by your physician.

- **Return Pre-Admission Medical Evaluation form to your referral worker / counsellor / therapist to be included in your application.**

Applications will not be processed without the TB test and Pre-Admission Medical Evaluation form.

### **MEDICATIONS**

- All medications **MUST** be blister packed and labelled by a pharmacist, or
- Prior to your intake date, have your physician FAX your prescriptions to: Central Drugs in Lantzville at (250) 390-4425.
- Please request enough medication for the duration of your program.

### **OTHER CONSIDERATIONS**

- Reading glasses – please bring them with you.
- Hearing aids and batteries – please bring them with you.  
(So you can hear in group sessions.)
- Dental work – please take care of this prior to coming to program, as time and transportation are not provided.
- Please ensure you are in good general health.

# WHAT YOU NEED TO KNOW

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To all participants – We know it takes great courage to come here and we acknowledge you for being willing to make a change. These guidelines were created to ensure safety and to guide you successfully through the program.

## 1. CULTURAL TEACHINGS

You will be provided with cultural teachings to inform you of the spiritual practices and principles that we follow. We appreciate these teachings may be different than the ones you have received, and we respectfully ask you to honour our teachings and respect the ways of our land.

## 2. BEHAVIORS WE WILL ADDRESS

At Tsow-Tun Le Lum we understand certain behaviors can come from a place of trauma. The following behaviors are considered serious and you will be held accountable. This may include being discharged.

- a. Not participating fully in the program. Please be aware that you are in program 24 hours each day (including weekends) from when you arrive until after your completion ceremony and you leave TTLL.
- b. Drinking, drugging or gambling. Clients may be requested to submit to drug testing procedures.
- c. Intimidating or violent behavior, or jeopardizing the sense of safety in the house.
- d. Involvement in a relationship that is distracting you from program, or being physically intimate or sexual with another resident.
- e. Concealing a cell phone or other device.

## 3. ALCOHOL, DRUGS, and GAMBLING

- a. All residents at TTLL must attend weekly NA, AA, and CoDA meetings. These meetings are part of the programs and are not optional.
- b. You are not to consume, or have in your possession alcohol, cannabis products or marijuana, street drugs or undeclared prescription drugs, at any time during your program. TTLL may conduct searches of rooms and personal property.
- c. All prescription and non-prescription medications must be turned in on arrival, or if purchased during treatment.
- d. Do not share your medication with anyone.
- e. Do not go to bars, or any place where the primary purpose is the sale of alcohol or drugs.
- f. All forms of gambling are prohibited for the duration of your program. Do not go to casinos, bingo halls, or any other gambling establishment. Lottery tickets of any kind may not be purchased for the duration of your stay at TTLL.
- g. If we have any concerns about prescription medication you are taking, we may ask you to meet with our consulting physician.

## 4. AGGRESSION and VIOLENCE

One of our priorities is to provide an environment where people feel safe and able to focus on their program, so we cannot permit any type of aggression or violence. This includes all forms of bullying, verbal attacks, hurtful gossip, intimidation or discrimination. Any of these behaviours may result in discharge.

It's OK to get angry at Tsow-Tun Le Lum, but it's not OK to aim that anger at someone else. Learning how to express our anger in non-harming ways is important if we are going to develop healthy relationships in our lives.

## 5. RELATIONSHIPS

- a. We understand that treatment is a place where residents often develop deep and meaningful friendships, however, we will actively discourage any two people from spending most of their time together. We expect that you will socialize with a variety of residents and not focus on one person.

It is our sincere hope that you will become good friends with other residents in the house, treating them with the respect and consideration you would show to family members you genuinely care about.

- b. If we believe you are getting involved in a relationship that is distracting you from the program, we will bring it to your attention and ask that you socialize more with others.
- c. If you are seen being physically intimate or sexual with another resident you may be discharged.
- d. We strongly discourage lending money or belongings to anyone.

## 6. HEALTH AND SAFETY

- a. Please wash your hands frequently and use hand sanitizer regularly in order to protect yourself and others from the spread of colds, flu, etc.
- b. Smoking and vaporizing is allowed in the middle of the courtyard only.
- c. Please do not share cigarettes, pop, or anything that can pass along germs from your mouth.
- d. If we have concerns regarding your health we may refer you to our consulting physician, our dietician, or we may call an ambulance.
- e. Please make sure you notify your counsellor if you need to miss program due to illness or injury.
- f. If you are sick or injured and have been in bed all day you must stay in your room in the evening.
- g. If you are sick and we have reason to believe you may be contagious, you are required to wear a mask outside of your room; or you may be isolated according to our protocol. If your roommate is sick, you would be wise to wear a mask while in your room.
- h. Please give us at least 4 days advanced notice if you need a prescription refilled.
- i. If you believe you need to make an appointment to see a doctor or any other medical professional, or you need to get a prescription renewed, please go to the Client Services Office for assistance.
- j. Tsow-Tun Le Lum is a scent free environment. Out of respect for others, please do not use scented products, perfumes, or colognes, while at TTLL. (example: AXE cologne or deodorant)
- k. Cleanliness is important. There are laundry facilities and detergent available for washing clothes. No scented fabric softener.
- l. Tsow-Tun Le Lum becomes your home while you are here. All residents are scheduled for daily chores in order to keep the home looking nice and staying healthy. Chore lists are posted in dining room.

## 7. PASSES FOR COMMUNITY CLIENTS

- a. You are still in program when you are on a pass. It is not time off. It is an opportunity for you to explore the challenges of being in community.
- b. Passes are a privilege and you can lose them if you are not fully participating in program or not living according to these guidelines.
- c. You don't have to go out on passes. You are welcome to remain at the centre.
- d. For Thuy Namut clients: There are no passes on the first weekend. You will be eligible for day passes on the second weekend, and you will be eligible for either weekend or day passes on the final weekends.

Kwunatsustul clients are eligible for passes beginning the first weekend.

### e. Day Passes:

1. No day passes on Fridays.
2. Saturday – You may leave as early as 9AM if your chores are done, but if you want a ride, our Tsow-Tun Le Lum bus will take you to Woodgrove Mall after chores are completed

(usually around 10:30AM.) Pick up from the mall is 3PM to bring you back to the centre. (Otherwise you are responsible for your own transportation.) Curfew is 11PM.

3. Sunday – our Tsow-Tun Le Lum bus will take you to Woodgrove Mall after Big Book study. They will not come back at 3:00PM. You will be responsible to get yourself back to the centre by 5:30PM; or meet at Tim Hortons with prior approval, (at the corner of Wallace and Comox) to be picked up by our bus at 6:30PM on the way to the Sunday night meeting.
- f. Weekend Passes:
  1. You may leave after program on Friday, usually at 4:00 PM, and are expected back at TTLL on Sunday by 5:30PM.(or TTLL Bus will pick up 6:30PM at Tim Hortons, needs prior approval.)
  2. If you want to return early from a weekend pass, you are welcome to come back to the centre. However that will end your weekend pass and you will now be on day passes for the duration of the weekend. Please be aware that if you return early on Friday evening, there may be no one at the centre. People may be out on an activity and you may need to wait for their return.
  3. If you are using your own vehicle and have gone on a pass on Sunday, you must return to TTLL by 5:30 PM.

## 8. PASSES FOR CSC CLIENTS

- a. Please be aware that Ken Bartley or designate from the Nanaimo Parole Office must approve all passes.
- b. Passes are part of the program. They are not time off. They are an opportunity for you to explore the challenges of being in community.
- c. Passes are a privilege and you can lose them if you are not fully participating in program or not living according to these guidelines.
- d. You don't have to go out on passes. You are welcome to remain at the center.
- e. There are no passes the first weekend of treatment
- f. The second weekend you are eligible for day passes.
- g. The last three weekends you are eligible for day passes or you may be eligible for weekend passes if your parole conditions permit.
- h. Pass forms are to be completed and turned into your counsellor Tuesday morning.
- i. No day passes on Fridays
- j. If you do not return at the scheduled time a pass, a walk, or are late for your scheduled call-in or visual check-in, **we are required to contact the National Monitoring Centre.**
- k. **Please be aware that if you fail to call in at the required times or fail to visually check-in when required you will lose your next two days of passes.**
- l. **Saturday** - You may leave as early as 9AM if your chores are done, but if you want a ride, our Tsow-Tun Le Lum bus will take you to Woodgrove Mall after chores are completed, (usually around 10:30AM.)
  - Pick up from the mall is 3PM to bring you back to the centre. (Otherwise you are responsible for your own transportation.)
  - If you stay out later than 3PM, **you must meet the Tsow-Tun Le Lum driver at the mall at 3PM and visually check-in.**
  - If you stay out later than 7PM **you must call the center 250-390-3123 and check-in between 7 and 7:30PM.**
  - Curfew is 10PM upon your return to the centre, you must check-in with staff.
- m. **Sunday** - You may leave after Big Book Study, or if you want a ride our Tsow-Tun Le Lum bus will take you to Woodgrove Mall around 10:30AM.
  - Our bus will not come back at 3PM to pick you up.
  - **You must call the centre and check-in between 2 and 2:30PM at 250-390-3123.**

- You will be responsible to get yourself back to the centre by 5:30PM or (with prior approval) be at Tim Hortons, (at the corner of Wallace and Comox) to be picked up by our bus at 6:30PM on the way to the Sunday night meeting. If you are late, **we are required to contact the National Monitoring Centre.**
- n. **Weekend** - passes are granted at the discretion of Nanaimo Parole and depend on your parole conditions. If granted a weekend pass, you are required to **call the centre between 1:30 and 2:00 PM on Saturday**. If you are late, **we are required to contact the National Monitoring Centre.**

## 9. SIGN-OUT BOOKS

The sign-out books are kept in the medical room. It is your responsibility to sign in and sign out when you leave the building. It is also your responsibility to have the book initialed by a staff person as you are leaving and when you return.

This includes:

- All walks
- All passes
- All appointments

## 10. VISITORS

- a. On the first weekend, you can have visitors from 1:00 PM to 5:00 PM on Sunday. On all other weekends you can have visitors from 1:00 PM to 5:00 PM on Saturdays and Sundays.
- b. Please visit only in the dining room, gym or courtyard.
- c. If any of your visitors are under the influence of alcohol or drugs (including marijuana) they will be asked to leave.
- d. You are not allowed to be sexual with any of your visitors. (no kissing, hugging, hand holding, etc.)
- e. You are responsible for your visitors and letting them know our guidelines.
- f. Please advise your visitors that cell phones and other devices are not to be used while at Tsow-Tun Le Lum

## 11. TELEPHONES

### a. Switchboard and Messages

1. Our receptionist answers the phone from 9AM to Noon, and 1PM to 4PM Monday to Friday. At all other times our phones connect to an answering service who relays messages to us.
2. You will not be called out of program for a phone call or a message, unless it is a verified emergency. Phone messages will be passed out at supper time, Monday to Friday. Weekend messages are passed out on Monday at supper time.

### b. Client House Phones

1. We provide each group with one phone for their use. You may call anywhere in Canada, free of charge.
2. Please note: during your program, if there is an important call you need to make outside of scheduled phone time, **talk to your counsellor.**
3. Thuy Namut Program: for first week, access to phones is not available until Sunday at 1PM.  
Kwunatsustul Program: for first week, access to phones is not available until Saturday at 10 AM.
4. Monday to Thursday client house phones will be turned on at 6:00PM and turned off at 10:00PM. There will be no access to house phones on swim nights.
5. On weekends the phones will be turned on Friday at 4PM–1:00AM; Saturday from 8:00AM–1:00AM; Sunday from 8:00AM–10:00PM. These phones must not be used during meal times.
6. You must have completed all your chores before you are allowed to make phone calls.
7. Please limit your phone calls to 15 minutes.



8. Each group will be responsible to organize themselves so that they respectfully share the use of their phone. If they cannot be respectful and sort out their differences in a good way, staff may turn off the phone.
- c. Cell phones
1. Cell phones are not allowed at Tsow-Tun Le Lum and must be turned in upon arrival.
  2. You may sign them out when you are going out on a pass. Please sign them back in when you return.
  3. If you are being picked up at Tim Hortons on Sunday evening, please turn in your phone and any other electronics to the bus driver.
  4. You must make all your electronics identifiable, either by labelling them or giving them to us in a plastic bag with your name on it. This includes Sunday pick up at Tim Hortons.
  5. Tsow-Tun Le Lum will not charge cell phones.

## 12. OTHER ELECTRONIC DEVICES

- a. All electronic devices are to be turned in upon arrival (i.e. laptop computers, tablets, music or video players, headphones, smart watches, cameras, etc.)
- b. They may be signed out when you are going out on a pass. Please sign them back in when you return.
- c. Due to privacy and confidentiality issues, **no photographs are to be taken on Tsow-Tun Le Lum property**. This includes no photos to be taken of the TLL sign or any TLL property.
- d. No videos or video games are allowed.

## 13. GENERAL HOUSE GUIDELINES

You are to remain within the boundaries of Tsow-Tun Le Lum at all times, except when accompanied by staff, or on a pass, or approved program walk.

### Walks:

- a. Due to emergency procedures, residents are required to sign-out whenever you leave the building, and to sign-in when you return. This must be initialed by a staff member.
- b. Please make yourself aware of designated walking areas (see map provided).
- c. Maximum time for a walk is one hour.
- d. All walks are by yourself or in a group of at least five people.
- e. You must be in the building by 9PM, unless you are on a pass.

### In-House Building Boundaries:

- f. The group room on the men's side of the building is to be used by men only during leisure time. The group room on the ladies' side of the building is for ladies only during leisure time.
- g. TV's may be on during the week after supper chores are completed until 10PM; Friday from 4:00 PM until 1:00 AM; and Saturday they will be on after chores are done until 1AM.
- h. The exercise room and craft area downstairs are not co-ed unless supervised by staff. A schedule for the use of these facilities is posted by the stairs. No exceptions to schedule.

### Room Boundaries:

- i. Music in your rooms is to be off during the day. Music may be on after supper chores at a reasonable volume until 10:30PM.
- j. Do not go into anyone else's room. Visiting is limited to the dining room and courtyard.
- k. Do not hang or stick anything on the walls. Bulletin boards are provided for this purpose.
- l. Our staff are required to make room checks several times during the night. They need to come into your room and make sure you are present and not in distress. They will do this as quietly and respectfully as possible.
- m. We reserve the right to search your belongings. If we believe it is necessary, we will notify you and give you the opportunity to be present while we search.



### Personal Boundaries:

- n. We ask that you respect individual personal space. Therefore, no poking, touching or scaring others (this is a cultural teaching).
- o. If you miss group due to illness, there will be no evening outings, television, or phone privileges, as you need your rest.
- p. For your protection, you are asked to turn in any money in excess of \$20.00, or other valuables, to be secured in Tsow-Tun Le Lum's "bank." We will open the "bank" on Fridays so you may get your money before going on a pass.
- q. If we take you on an outing of any kind, we will not be stopping at any stores, coffee shops etc.
- r. You are responsible for all your belongings. Anything left behind will be disposed of after 30 days. Tsow-Tun Le Lum accepts no liability or responsibility for the personal belongings and effects of residents or visitors.
- s. Please dress in modest and respectful clothing, and focus on your program.
  - 1. No low necklines, no short shorts, no bare midriffs. Please do not wear any clothing that promotes the use of drugs, marijuana, alcohol, violence, sexuality or anything not compatible with our spiritual principles.
  - 2. If wearing leggings or jeggings, we require that you wear tops long enough to cover your bottom.
  - 3. Men must wear shirts at all times, except when at the pool or at the sweat.
  - 4. No sleepwear outside of your bedroom before lights out in the evening.
  - 5. During the night, if you need to be outside of your room, please make sure your body is covered appropriately.
  - 6. Please be fully dressed for breakfast.
  - 7. Footwear must be worn at all times outside your bedroom.
  - 8. Wearing of sunglasses / tinted glasses is not permitted inside Tsow-Tun Le Lum.
  - 9. Wearing coloured or costume contact lenses may not be permitted during your stay at TTLL.
  - 10. We encourage you to bring respectful attire to wear for ceremony. Example: for women, a long skirt for pipe ceremony.
- t. Energy Drinks (e.g. Monster, Rockstar, Red Bull, etc.) are not to be consumed for the duration of your program.
- u. Yoga is not an optional part of the program. Everyone is expected to participate fully according to their ability. If you have a note from the doctor stating that you cannot practice yoga, you must still be present during yoga, participate in breathing and meditation, and not distract the others

## **14. RESIDENT'S CRAFTS**

- a. All painting, gluing, carving, or messy crafts can only be worked on during schedule times downstairs in the craft area. Residents must clean up after themselves.
- b. Crafts such as knitting, beading, that do not make a mess; can be worked on in the dining room or bedrooms. Please do not leave your crafts in the dining room, clean up after yourself each time you finish.

## **15. BUYING AND SELLING RESIDENT ART**

The buying and selling of art between residents, staff, visitors, or elders is not allowed.



# TRAVEL CHECKLIST

- All personal banking, bill payments, childcare, rent are taken care of
- Valid medical care card
- Proper photo identification (requirement for flights and buses)
- Spending money or comfort monies arranged
- Travel arrangements including return fare (taxi, hotel, etc.)
- Blister packed medications     Epi-pen if needed
- white soled/non-marking soled runners
- slippers
- men – large towel, sweat shorts, and T-shirt
- women – large towel for sweats (flannelette gowns provided)
- swimsuit
- bath towels, hand towel, and facecloth
- toiletries (shampoo, toothpaste, soap, razors, feminine needs, etc.)
- writing paper, envelopes, stamps
- arts and crafts projects, if on hand
- musical instruments are allowed
- smokers – bring enough cigarettes for duration of program
- no outside appointments scheduled or required

## AM I physically well enough to attend a 5 week program (8 hours a day, or longer)?

### If I have the following symptoms:

- fever       cough       body aches       lack of appetite
- fatigue     eye pain     headaches       shortness of breath
- Flu / cold or other serious medical condition

I will contact my referral worker, who will contact TTLL to notify and reschedule an intake date when I am able to fully participate in program.

**Intake arrival time is before 2:00 PM** and you are responsible for your transportation to and from the Centre during the program.

In our work at Tsow-Tun Le Lum we feel it is extremely important to welcome program participants upon arrival. In our opening circle you are able to introduce yourself and connect with group members. This helps you to start working openly and honestly.

During the welcoming, we take participants on a tour of the building, explain the program and outline what to expect. We then follow with a video. By bedtime, participants are somewhat settled in.



When I arrive at Tsow-Tun Le Lum, I understand that:

CLIENT NAME \_\_\_\_\_

- I can call home to let my family know I have arrived safely,
- My referral worker will be notified if I have NOT arrived safely, and
- During program there is limited opportunity to call my referral worker during business hours. However, I may connect with my referral worker **if** I would like to.

*If wanted, schedule a **PHONE APPOINTMENT** with your referral worker Wednesday or Friday @ 10:00 AM.*

Phone Number \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_

\* \* \*

CLOSING CEREMONIES are an integral part of program.

We request your **RETURN TRAVEL ARRANGEMENTS** be made for **after 2:00 PM** on your final program day.

Who do you contact to make return travel arrangements?

Name of contact \_\_\_\_\_ Phone number \_\_\_\_\_

Email \_\_\_\_\_ Fax \_\_\_\_\_

If, for some reason you withdraw or are discharged from program before the program ends, **IT IS YOUR RESPONSIBILITY** to have a return travel plan. Do you have a plan?

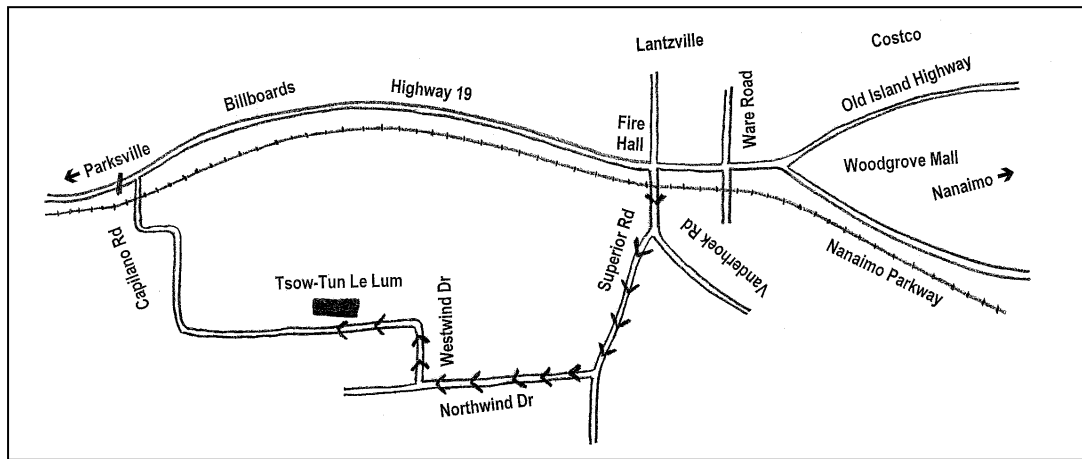
\* \* \*

Schedule a **FOLLOW-UP APPOINTMENT** to see your referral worker once you return home following program.

**APPOINTMENT DATE** \_\_\_\_\_ **TIME** \_\_\_\_\_

When you arrive at Tsow-Tun Le Lum, TTLL Client Services Coordinator will request a copy of this page for our records.

Tsow-Tun Le Lum Helping House is located on Capilano Road on the Nanoose Band Reserve Land (Vancouver Island, BC). Travelling north on the Island Highway from Nanaimo, turn left at the Superior Road lights, then turn right on Northwind Drive, then turn right on Westwind Drive, and then turn left on Capilano Road.



# TRANSPORTATION

Please be advised that:

- you are responsible for your own transportation to and from Tsow-Tun Le Lum.
- We will **not** cover transportation costs.
- If you do not complete a program, First Nations Health Authority will **not** cover travel expenses.

Tsow-Tun Le Lum is located approximately 10 kilometres north of Nanaimo. AC Taxi and Yellow Cab (will accept taxi vouchers and are recommended).

### TAXI Services

AC Taxi (250) 753-1231  
Yellow Cab (250) 751-1111

### Flat Rates

from Nanaimo airport to Tsow-Tun Le Lum \$67.20  
from Departure Bay Ferry to Tsow-Tun Le Lum \$39.30

### OTHER

Nanaimo Airporter (250) 758-2133

### Will accept vouchers

from Airport to Tsow-Tun Le Lum \$44.00  
from Harbour Air to Tsow-Tun Le Lum \$46.00

# SECTION THREE

## PRE-ADMISSION MEDICAL EVALUATION

Pages 21 – 23

**PLEASE RETURN**

- **Pre-Admission Medical Evaluation form**
- **TB test results**

**TO REFERRAL WORKER**



# NOTES to PHYSICIAN

---

- 1) Tsow-Tun Le Lum Helping House is a First Nations Healing Centre located on Vancouver Island. Your patient has made application to our Kwunatsustul “Holding Hands, Standing Together” (Second Stage Recovery Program).
- 2) As the signing physician, you will remain the primary caregiver for this patient.
- 3) The patient must not require any acute medical care at the time of admission.
- 4) All communicable diseases should be in remission and properly medicated.
- 5) **The patient should be physically and mentally stable, and ABLE to participate in a residential program of intense group and one-to-one counselling activities.** (We have no medical personnel on site.)
- 6) Please ensure your patient has prescribed medication for the duration of their program.
- 7) Tsow-Tun Le Lum’s prescription protocol requires all prescriptions be blister packed prior to and during treatment. Clients can arrive with six weeks of blister packed medication.
- 8) Prescriptions can also be faxed to:  
Central Drugs Pharmacy  
7186 Lantzville Road  
Lantzville, BC V0R 2H0  
FAX: (250) 390-4425      PHONE: (250) 390-4423

As Central Drugs Pharmacy provides Tsow-Tun Le Lum client prescriptions in blister packs to comply with Tsow-Tun Le Lum’s protocol.

Pregnant patient/clients will not be accepted after the second trimester.

- 9) **Please return this medical evaluation to patient so they can bring it to their referral worker to be included with their application for treatment package.**

# I. PRE-ADMISSION MEDICAL EVALUATION

---

Client Name:	Date of Birth:
Medical Number:	Status Number:

Physician Name:	
Full Address or Office Stamp:	
Physician Signature:	Date:

<b>INFORMED CONSENT: Must be Completed with the Patient/Client</b>	
<p>I, (patient/client name) _____, give permission to (Physician name) _____, and to (Pharmacist name) _____, to release my medical information to Tsow-Tun Le Lum Helping House and to my Referring Counsellor _____.</p> <p>I also consent to have Tsow-Tun Le Lum's staff and Consulting Physician, inquire or consult with my physician on my medical needs while I am in treatment.</p>	
Patient/Client Signature:	Date:

<b>Patient Assessment</b>		
Date of last alcohol/drug use:		(dd/mm/yyyy)
Is patient compliant with their treatment plan / prescribed medications? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Have you reviewed the prescribed medications for this patient? <input type="checkbox"/> YES <input type="checkbox"/> NO	Date of prescribed medication review:	
Allergies to MEDICATIONS? <input type="checkbox"/> Please Specify:		
Other Allergies? <input type="checkbox"/> Please Specify:		
Does the patient require an <b>Epi-Pen</b> or <b>Ana kit</b> ? <input type="checkbox"/> YES <input type="checkbox"/> NO	<i>If the answer is yes, please ensure that the patient is prescribed one.</i>	
<b>Health Functionality of the Patient</b>		
Height:	Weight:	Blood Pressure:
<b>Please check (✓) any conditions that apply:</b>	<b>Comments:</b>	
Gastrointestinal	<input type="checkbox"/>	
Cardiac	<input type="checkbox"/>	
Blood / Lymphatic	<input type="checkbox"/>	
Ear / Nose / Throat	<input type="checkbox"/>	
Hair / Skin / Nails	<input type="checkbox"/>	
Musculoskeletal	<input type="checkbox"/>	
Cardiovascular	<input type="checkbox"/>	
Respiratory	<input type="checkbox"/>	
CNS (Central Nervous System)	<input type="checkbox"/>	
Thyroid	<input type="checkbox"/>	
GUI (Glucose Utilization Index)	<input type="checkbox"/>	
GU (Gastric Ulcer)	<input type="checkbox"/>	
Hepatitis A	<input type="checkbox"/>	
Hepatitis B	<input type="checkbox"/>	
Hepatitis C	<input type="checkbox"/>	
HIV/AIDS	<input type="checkbox"/>	
Pregnancy	<input type="checkbox"/> Trimester:	

Psychiatric Record		Please check (✓) any conditions that apply	
Does the patient have a psychiatric history?	<input type="checkbox"/>	<input type="checkbox"/> Past	<input type="checkbox"/> Present
Psychiatric Family History? (parents / grandparents / siblings)	<input type="checkbox"/>		
Suicide attempts during previous 2 years?	<input type="checkbox"/>	Dates:	
Was patient hospitalized due to suicide attempts?	<input type="checkbox"/>	Dates:	
Was patient hospitalized due to mental illness?	<input type="checkbox"/>	Dates:	
Diagnosed Mental Health Illness? <input type="checkbox"/> Specify			
Anxiety Disorder	<input type="checkbox"/>	Clinical Depression	<input type="checkbox"/>
Bi-polar Disorder	<input type="checkbox"/>	Post-traumatic Stress Disorder	<input type="checkbox"/>
Sleep Disorder	<input type="checkbox"/>	Schizophrenia	<input type="checkbox"/>
Eating Disorder		Dissociative Identity Disorder	<input type="checkbox"/>
Anorexia <input type="checkbox"/>	Bulimia <input type="checkbox"/>	Other <input type="checkbox"/>	Self Harming Behaviour <input type="checkbox"/>
Current Medical Diagnosis			
Diabetes	<input type="checkbox"/>	History of seizures	<input type="checkbox"/>
Heart Disease	<input type="checkbox"/>		
Other (Please specify)			
LIST OF CURRENT MEDICATIONS			
Over the counter medications must be included on this list.			
Medication:	Used to Treat:	Prescribed Dosage:	Taking Since:
<b>Is this patient prescribed medicinal cannabis or any product containing THC or CBD? If yes, please include.</b>			

# SECTION FOUR

## APPLICATION PACKAGE for KWUNATSUSTUL “Holding Hands, Standing Together”

**PLEASE RETURN ALL PAGES OF  
SECTION FOUR (pages 24 thru 35)  
to Tsow-Tun Le Lum**

### **INCLUDE:**

- **TB Test results**
- **Pre-Admission Medical Evaluation Form  
(pages 21, 22, & 23)**

**Mail (Canada Post): Box 370 – 699 Capilano Road  
Lantzville, BC V0R 2H0**

**Fax: 250-390-3119**

**Email: [info@tsowtunlelum.org](mailto:info@tsowtunlelum.org) (Please request confirmation receipt)**





## II. REFERRAL WORKER INFORMATION

---

Name of Referral Worker \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Referral Agency \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of Referral \_\_\_\_\_

## CLIENT

---

SURNAME \_\_\_\_\_ GIVEN NAME \_\_\_\_\_

PLEASE CHOOSE ONE ONLY:

### Kwunatsustul Trauma Programs

*DO NOT submit application until your client has minimum six (6) months sobriety. This sobriety requirement **includes 6 months free of alcohol, methadone, suboxone, medicinal or recreational marijuana, and all cannabis products containing THC or CBD.***

Five Week Trauma Program       3-week Elders & Colleagues Trauma Program

### Shorter Kwunatsustul Programs

*DO NOT submit application until your client has minimum three (3) months sobriety. This sobriety requirement **includes 3 months free of alcohol, methadone, suboxone, medicinal or recreational marijuana, and all cannabis products containing THC or CBD.***

Honouring Grief – 2 weeks  
 Paddle Your Own Canoe – 1 week

*For TLL Office Use Only*

APPLICATION RECEIVED

**NOTE:**

We do NOT process incomplete applications.  
Please fax the Client's Medical (pg 21-23),  
TB test, and pages 25-35 all at the same  
time.

Date \_\_\_\_\_

TLL  
Initial



### III. PERSONAL INFORMATION

---

**SURNAME** (legal name) \_\_\_\_\_ **GIVEN NAME(S)** \_\_\_\_\_

Known as (most often called) \_\_\_\_\_

**HEALTH INSURANCE NUMBER** \_\_\_\_\_

**BIRTH DATE** (Day/Month/Year) \_\_\_\_\_ Sex:  Male  Female

**BAND NAME** \_\_\_\_\_ **FULL STATUS NUMBER** \_\_\_\_\_

Status Indian:  Yes  No  Métis  Inuit

Residential School Survivor:  Yes  No

Intergenerational Survivor:  Yes  No Adopted / Foster Care:  Yes  No

Family substance abuse history? (Parents / Grandparents / Siblings)  Yes  No

Street (Permanent Address) \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone \_\_\_\_\_ **Email** \_\_\_\_\_

Usual Occupation \_\_\_\_\_

#### Marital Status

Single  Married  Common-Law  
 SeParated  Divorced  Widowed

#### Highest level of Education

No Education  Primary School  Junior High  Secondary  
 SOme Primary  Some SecondaRy  Trade School  University  
 Adult Education  Community College

#### Legal Status

Not Applicable  PArole  PRobation  
 Temporary Absence  OTher

#### Family Type

Living Alone  Living with Spouse  
 Living with PArents  Single PArent  
 Living with FRIends  with Spouse & Children  
 with EXTENDED FAmily  OTher  Homeless

**Next of Kin** \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_



# IV. CLIENT HISTORY

## Chemical Dependency

### 1. History of substance use

DRUG CLASS	Is Use a current problem  Yes / No	Number of days used					
		Past 30 Days		Past 6 Months		Past Year	
Beer							
Hard Liquor							
Wine							
Cocaine							
Crack							
Ecstasy							
Fentanyl							
Heroin							
LSD							
Marijuana/Cannabis							
MDA							
Mescaline							
Methamphetamine/Speed							
Morphine							
Mushrooms							
PCP							
Codeine (T3)							
Fentanyl							
Sleeping Pills							
Tranquilizers/Anti-Anxiety							
Methadone							
Morphine							
Suboxone							

### 2. How often does the client use the following as a coping mechanism?

Bingo							
Casino							
Food							
Relationships							
Sex							
Shopping							
Work							
Screens (Cell Phone, TV, ipad, computer, gaming)							



3. Were you ever in a treatment centre?

Year\_\_\_\_\_ Number of times\_\_\_\_\_ Location\_\_\_\_\_

Year\_\_\_\_\_ Number of times\_\_\_\_\_ Location\_\_\_\_\_

Year\_\_\_\_\_ Number of times\_\_\_\_\_ Location\_\_\_\_\_

4. List significant nutritional issues (i.e. obesity, diabetes, allergies). \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Legal**

1. Does the client have a criminal record?

Yes No

If yes, please outline. \_\_\_\_\_

\_\_\_\_\_

2. Has the client been violent or abusive with their partner or children?

Yes No

If yes, please explain \_\_\_\_\_

\_\_\_\_\_

Has the client been charged with a violent offence?

Yes No

If yes, please explain. \_\_\_\_\_

\_\_\_\_\_

***If yes, please request "Violent Offender Protocol" from Tsow-Tun Le Lum.***

3. Has the client been charged with a sexual offence?

Yes No

Was the victim a minor? Yes No

Is the client a treated sexual offender?

Yes No

*Tsow-Tun Le Lum only accepts treated sex offenders.*

***If yes, please request "Sexual Offender Protocol" from Tsow-Tun Le Lum.***

4. Are there any \_\_\_ Outstanding warrants? \_\_\_ Charges? \_\_\_ Court cases?

5. Is client presently on \_\_\_ Parole? \_\_\_ Probation? \_\_\_ Incarcerated?

***If yes, please attach a copy of the order.***

6. Name and contact information of Parole / Probation Officer.

\_\_\_\_\_

\_\_\_\_\_

7. Are there any outstanding child custody issues?

Yes No

## **COUNSELLOR'S PERSPECTIVE**

1. What is your client's Clean and Sober date (if applicable)? \_\_\_\_\_
2. What is important that you need for us to know about your client? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Has the client ever disclosed sexually abusive or sexually inappropriate behaviour?  
Yes No

### **Group Readiness**

4. Is the client willing to share about their past in a group setting? \_\_\_\_\_  
\_\_\_\_\_
5. How is the client preparing himself/herself for a trauma program? \_\_\_\_\_  
\_\_\_\_\_
6. Is your client attending support groups on a regular basis? How often? \_\_\_\_\_  
\_\_\_\_\_

### **SPECIAL NEEDS**

1. **Does the client have any physical limitations that would prevent them from doing: daily chores, recreation, and cultural activities?**  Yes  No
2. Does the client require a wheel chair accessible room/ bathroom?  Yes  No
3. Does the client have any special needs that Tsow-Tun Le Lum Staff need to be aware of while client is in treatment?  Yes  No
4. Does the client require a hearing aid?  
*(If yes, in order for the client to participate fully in group sessions, please ensure they have their hearing aid and batteries).*  Yes  No
5. Does the client require glasses?  Yes  No
6. Does the client require dental work?  Yes  No
7. If you answered "YES" to any of the above questions, please outline.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**REFERRAL**

- 1. Has the client been seeing you on a regular basis? Yes No
- 2. If yes, how many times over the last six months? \_\_\_\_\_  
\_\_\_\_\_
- 3. Will client maintain relationship with you following treatment? Yes No
- 4. Will referral person be doing follow-up after program completion? Yes No

**CLIENT RELEASE of DISCHARGE SUMMARY**

I, \_\_\_\_\_, hereby request and permit Kwunatsustul Program to forward my discharge summary to \_\_\_\_\_.

Client's Signature \_\_\_\_\_ Date \_\_\_\_\_

# VI. CONSENT FOR TREATMENT

---

I, \_\_\_\_\_ (name of client), understand that my participation in the Kwunatsustul Program at Tsow-Tun Le Lum Helping House requires that I am – (please check box)

- aware that Tsow-Tun Le Lum Kwunatsustul Program is a continuous program which begins upon my arrival and ends following the completion ceremony,
- aware that Tsow-Tun Le Lum will maintain my confidential client records as stated in the Privacy Act.
- aware that Tsow-Tun Le Lum will contact my referral sources.
- aware that Tsow-Tun Le Lum has the right to conduct random drug testing / searches.

I understand for the client and staff to work effectively, the treatment program includes a schedule of events and activities which require my **full participation** and are **mandatory** –

- Counselling assessments and treatment plans,
- Arts & crafts, recreation activities (yoga, swimming, walking, etc), ceremonies,
- Group therapy sessions/art therapy/lifeskills training/sessions with Elder/assignments,
- Alcoholic Anonymous/Narcotics Anonymous/Co-Dependency meetings,
- I understand that if I am **UNWILLING** to participate fully in any of the above activities, I may be asked to leave.

I understand that there are on-going programs at Tsow-Tun Le Lum, where applicants have been referred from various community resources (i.e. NNADAP, Friendship Centres, Social Workers, Doctors, Detox, Employers, Alcohol and Drug Counsellors, and Parole.)

I am aware that whenever people gather, such as at home communities, social and spiritual functions, family and treatment programs, etc., there may be identified and unidentified violent and sexual offenders present. This is also true of Tsow-Tun Le Lum Helping House.

**I understand successful trauma treatment outcomes are best achieved when followed up with aftercare. I agree to participate in follow-up community treatment or aftercare.**

I am aware that according to the Family and Child Services Act, staff at Tsow-Tun Le Lum are required to report to the appropriate authorities any information received regarding the abuse or risk of abuse of any individual presently under the age of nineteen (19).

I understand the explanation of the above points and the above-named agency’s program and guidelines and I, therefore, consent to undergo treatment at Tsow-Tun Le Lum Helping House.

I also understand that I can withdraw or amend my consent to the release/request of information at any time. I also understand that if I revoke this authorization, it will not affect any actions taken before the revocation was received.

Client’s Signature \_\_\_\_\_ Date \_\_\_\_\_

Referral Worker’s Signature \_\_\_\_\_



# VII. CONSENT FOR RELEASE OF INFORMATION

---

This section is to be filled out if referral is made and client information is required.

Client Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

I, \_\_\_\_\_ (client's name), hereby give my permission for  
Tsow-Tun Le Lum Helping House,  
PO Box 370, 699 Capilano Road, Lantzville, BC V0R 2H0  
to contact (name and address of agency providing information)

Name of Counsellor: \_\_\_\_\_

Address of Counsellor: \_\_\_\_\_

for information to be released, limited to (One month after completion Summary, Aftercare Information:)

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

I understand that no other information will be released to any other persons without my written consent unless these persons have a court order or are concerned with my medical treatment in an emergency situation. I also understand that if I revoke this authorization, it will not affect any actions taken before the revocation was received.

ALL INFORMATION IS CONFIDENTIAL in accordance with relevant statutes.

Date of consent \_\_\_\_\_  
(Date of completing paperwork)

End date of consent \_\_\_\_\_  
(One year after completion of program)

*In order for this release to be valid, it must be completed in its entirety.*

Client's Signature \_\_\_\_\_

Witness \_\_\_\_\_  
(may be referring person or assessor)

Date \_\_\_\_\_

# VIII. HOUSE GUIDELINES for RESIDENTS AGREEMENT

---

I have read and understand the “What You Need to Know” (*House Guidelines*) and agree to follow them during my program at Tsow-Tun Le Lum Helping House.

I further understand that non-compliance may result in discharge from program.

Resident's Name (please print) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_



# IX. CHECKLIST

ENSURE THESE FORMS & ITEMS ON THEM ARE COMPLETE

---

All information Tsow-Tun Le Lum asks for is important and critical for counsellors, program delivery, and administration. Of particular importance is complete data on Personal Information and Medical Evaluation forms.

- Pre-Admission Medical Evaluation – page 21-23
  - ◆ **Copy of TB test result**
- Referral Worker Contact Information – page 25
- Personal Information (for client) – page 26
  - ◆ Status Card Number
  - ◆ Band Name
  - ◆ Birth Date
  - ◆ Care Card Number
- Client History – page 27-29
- Clarify Clean and Sober Date – page 29**
- Contact Assessment – page 30-31
- Consent for Treatment – page 32
- Consent for Release of Information – page 33
- House Guidelines Agreement – page 34
- Checklist – page 35

**FAX ONLY PAGES (21 to 35) TO TTLL**

**FAX: 250-390-3119**

**WE DO NOT REVIEW APPLICATIONS  
UNTIL THEY ARE COMPLETE.**

**INCOMPLETE APPLICATIONS WILL DELAY CLIENT INTAKE.**

**APPLICATIONS WILL BE DEALT WITH ON AN INDIVIDUAL BASIS.**