

MAWIOMI TREATMENT SERVICES
The Aftercare Retreat-Style Program
December 1 -17, 2025

This admission form contains three (3) sections:

Section 1: Informed Consent

Section 2: Participant Admission – General Information

Section 3: To be completed by the participant.

- ☐ **STEP 1:** Mawiomi Treatment Services must receive sections 1 to 3 fully completed by the latest of: **October 20, 2025**
- ☐ **STEP 2:** Mawiomi will assess each applicant, on a **first-come, first-served basis**. The center's admission decision will be provided to the participant in writing.
- ☐ **STEP 3:** The Aftercare Retreat-Style Program is a special program that will be held at Mawiomi Treatment Services Inc. and full participation is expected.

***Prior to coming to Mawiomi for this retreat, you must be living an abstinent lifestyle.**

Travel information:

- Travel **must** be paid for and arranged by the participant's community. If the participant cannot arrange to have their travel paid by the community, then the responsibility of travel falls solely on the participant themselves.
- Participants must arrive on Monday, December 1, 2025.
- **Departure** from the program will be Wednesday, December 17, 2025. Please ensure that you are booking both the arrival and departure ends of the travel together so there will be no issues with their journey.
- Mawiomi must receive travel itinerary, including return trip by Monday November 24, 2025.

Please send travel itineraries to stephanie@mawiomi.org

Medical information:

- As we do in all our cycles, should you have medical conditions that require medication, it will be managed by our in-house nurse during your stay.
- Should you have any pressing medical issues prior to coming, you must have them handled by your local doctor before coming. Mawiomi will not be arranging any medical appointments for anything other than an urgent reason.

Confidentiality Information:

- To protect the confidentiality and privacy of all participants, cellphones will not be permitted during the 16 days you will be part of our program. As always, landlines and laptops will be available to use from the first day and according to the daily schedule.

There are 4 principles to follow:

- Respect for yourself and others
- Honesty with yourself and others
- Willingness to listen and learn
- Openness to share

You are responsible to work to the best of your ability on your 4 aspects:

- Physical (walking, exercise)
- Mental (paying attention during workshops, reading, learning from others)
- Spiritual (smudging, praying, medication, offering tobacco)
- Emotional (writing in my journal, sharing in the circle)

There is a limit of 8 spots available for the Aftercare Retreat-Style Program

Acceptance Criteria

- *Must have completed a substance misuse program within the last year*
- *Applicants must be living a substance free lifestyle*
- *Due to the length of the program and retreat structure, it does not allow for safe withdrawal management*
- *Agree to 16 days without cellphone, social media, television access*

SECTION 1: INFORMED CONSENT

I, _____, have agreed to enter The Aftercare Retreat-Style Program held by Mawiomi Treatment Centre, in Gesgapegiag, to refresh on the knowledge learned through your most recent stay in a treatment center and the tools learned during that time.

I understand that this is not a full treatment cycle and therefore will be attending under the knowledge that this program is a refresher and is meant to accentuate the knowledge you already have.

I understand that for clients and staff to work effectively, the Aftercare Retreat-Style Program will include a condensed version of the following:

- Workshops and group counselling
- one on one sessions with the Wellness Counsellor and Traditional Healers
- outings and activities

I understand that there are rules and expectations, whereby all participants will follow.

I understand the explanation of the above and therefore consent to participate.

Participant's Rights

1. The participant may ask questions on what to expect during and the result of the program.
2. The participant may decline to proceed with the program as to the techniques which may be conducted by the clinical team.
3. The participant may cease to continue the program at any time. Arrangements for travel in this case will still be handled by the participant's community and will have to wait for these arrangements to be made to travel. Mawiomi will not assume any responsibility for a participant who chooses to leave the program early.
4. The Clinical Team has the right to dismiss the participant from the program.
5. Right to confidentiality: Within limits provided for by law, all records and information acquired by the counsellor shall be kept strictly confidential in accordance with the principles of a counsellor/participant relationship. All information will not be shared or revealed to any person, agency, or organization without the prior written consent of the participant.
6. The participant can raise any concerns and ask to speak with a counsellor immediately of any concerns provided that the counsellor is likewise available to discuss matters with the participant or put into action the complaint process we have available.

I _____, declare that I have read all the information including my responsibilities. I understand that if I do not abide by the outlined principles and responsibilities that I could be asked to leave the program.

Participant Signature

Date

SECTION 2: PARTICIPANT ADMISSION – GENERAL INFORMATION

*Last Name:			*First Name:		
Email:					
*Date of birth DD/MM/YYYY:	Age:	*Sex (identify):	Telephone:	Cellphone:	
*Address (Add P.O box if required)			City:	Province:	Postal Code:
Language Spoken:		Language Preferred:			
Community:		Nation:		First Nation status number / Inuit registration:	
EDUCATION					
Last grade completed? _____ ☐ Elementary school ☐ High School ☐ College ☐ University ☐ Professional ☐ Other:		Where? ☐ Public Off-Reserve ☐ Public On-Reserve ☐ Private School ☐ Residential School		Any literacy considerations? If so, explain below: _____ _____	
				What Program did you complete this year? _____ _____ _____	
REFERRAL INFORMATION (IF IT APPLIES)					
Surname:			Name:		
Employment title:		Telephone:		Cellphone:	
Organization:			Email:		
Organization address:(Add P.O box if required)			City:	Province:	Postal Code:

I. Medical Assessment			
Client's Name:		D.O.B. (m/d/y):	
Health Card Number:		Blood Pressure:	Pulse:
Vision:		Hearing:	
Height:		Weight:	
Cardiovascular:	Chest:	Allergies:	Abdomen:
Present Health Problems: ☐ Diabetes ☐ Sleep Apnea ☐ High Blood Pressure ☐ Dental Decay ☐ Epilepsy ☐ Migraines ☐ Asthma/COPD ☐ Head Trauma ☐ Chronic Pain ☐ Hepatitis C ☐ Heart disease ☐ Other: _____			
Is the person able to participate in physical recreation?		☐ Yes ☐ No	
If no, please explain:			
Does the client take medication?		☐ Yes ☐ No	
If yes, it is mandatory provide a pharmacy printout of medication history with application to be considered. It is mandatory that all clients come with medications in blister packs when possible.			

Doctor/Nurse name: _____

Signature: _____

SECTION 3: TO BE COMPLETED BY THE PARTICIPANT

[illegible]

PARTICIPANT AUTHORIZATION

I authorize the information submitted in this application to be added to the Addiction Information Management System. I understand and agree to accept the special program as described by Mawiomi Treatment Services.

Participant Signature _____

Date

CONSENT FOR PHOTOS/VIDEOS FOR PROMOTIONAL PURPOSES

Participant Signature _____

Date _____

Please forward completed forms to: Stephanie@mawiomi.org or fax: (418) 759-3048