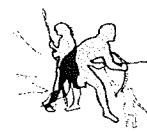


Moving Forward Guidelines and Application Form



OBJECTIVE

The Moving Forward Program is founded on a concept of promoting and supporting 'Healing' and 'Wellness' for the members of Ts'kw'aylaxw First Nations.

MISSION STATEMENT

To ensure that the healing and wellness needs of the community are addressed to promote healthy, positive balanced lifestyles.

COMMUNITY NEEDS

"Healing" for many people has come to mean recovering from the social impacts of colonization, residential school, and several factors stemming from that which may or may not include; physical, mental, emotional & sexual abuse issues which have adversely affected their lives.

"Wellness" refers to maintaining and enhancing the health and well-being of individuals, families, communities and nations.

The Moving Forward program will focus on the healing continuum based on holistic view of human needs which acknowledges the physical, mental, emotional and spiritual aspects required to achieve a state of holistic wellness for all Ts'Kw'aylaxwemc.

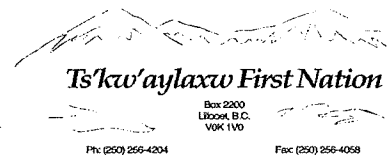
The Moving Forward program also acknowledges that each individual heals at one's own pace and may require more than one source of counselling or group activity.

PURPOSE

The healing and wellness sought by many people today is based upon a variety of factors that include but is not limited to;

- A desire to return to traditional, spiritual & cultural values,
- A desire to learn one's culture & traditions to pass on the knowledge,
- Promote unity starting from the family unit & stemming out to the community,
- Seek self-reliance and independence,
- Healing of wounds not visible to others,
- Aspiring for a change in lifestyle,
- Wanting to be free of social & chemical addictions,

Moving Forward Guidelines and Application Form



FINANCIAL ASSISTANCE

The Moving Forward program will provide limited funding for band members seeking to move forward positively and proactively in their lives.

The overall budget for moving it forward is broken down to 62.5% for membership to attend a personal development program and will rely on 12.5% for fundraising and self-contribution within the community and allocated 12.5% for Youth alone.

Break down of the budget: \$20,000 Overall budget
 - \$2500 Fundraising
 - \$ 5000 Youth
 \$12,000 For Membership's Personal Development

TFN will cover ___% of the training costs only. The applicant is expected to cover his/her travel and meal costs and if applicable accommodation costs.

APPLICATION PROCESS

All applications must be submitted to the review committee on or before the 1st of each month. Applications must be sealed for confidentiality purposes. Please ensure each application identifies the sender and is addressed to the attention of "Moving Forward" Application Review Committee.

Mail: Box 2200, Lillooet BC V0K 1V0
Fax: (250) 256 - 4058

HEALING WORKSHOPS

A binder will be kept of all available healing and wellness seminars, resources, workshops and training. This will provide the members to come to their own choice of healing and wellness that they want to pursue. Fees, tuitions, etc. will be included in a spreadsheet for each program.

HEALING WORKSHOPS AVAILABLE

- One on One counselling, Assessment and Referral service.
- Treatment Centre's, Round Lake, Nenquayni, Nechako, Cranbrook,
- Choices Seminars, Givers 1-Colors, Givers 2-purpose,
- True Connections,
- Pursuits of Excellence, Wall, Advancement, Mastery,
- Yes Youth Conference,
- Flying on your own,
- Psychology of Vision,
- H.O.P.E.- Helping Our People Effectively,

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OTHER SERVICES

- One on One counselling and support
- Cultural teachings
- Field trips
- Referrals to other services
- Applicant Guidelines for Funding Requests

APPLICANT EXPECTATIONS

1. No longer drinking or doing drugs.
2. Must be willing to help the committee fundraise continually,
3. Be committed to personal before and after care, through counselling, treatment etc.
4. In the event an applicant fails to attend the session(s) he/she forfeits the current funding and will be put on the bottom of the wait list.
5. Applicants are encouraged to submit their letters and complete application form on/or before the first of month.

FUNDING GUIDELINES

- Applicants must submit a letter to the attention of the committee after the Call out Letters has been distributed.
- All funds will be sent directly to the program the applicant wishes to attend; no funds will be given directly to any applicant.
- Funding is provided on a % basis and will be based on applicant need and employment status.
- The funds will be forwarded to the program the applicant selects in his/her name, in the event the applicant fails to attend the session(s) the applicant forfeits the funding and funds come directly back to the committee to allocate to the next applicant who meets all criteria.

Moving Forward Guidelines and Application Form



APPLICATION

The committee has limited funding to assist you, to help more people, the following is proposed: The following funding formula is proposed;

80% Personal Development Fund 20% Fundraising and/or Personal Contribution

Break down Example: Total Program Costs: \$2800

Personal Development Fund contribution (80%) = \$2240

Fundraising and/or Personal Contribution (20%) = \$ 560

Each application will be assessed and decisions will be made according to the expressed need and income levels of each applicant.

Travel costs are not included in this funding; applicants are asked to meet with the Mental Health Worker Rick Alec and request travel funds to attend the sessions.

Date of Application: _____

Applicant Name: _____

Address: _____

Phone: (____) _____ Message: (____) _____

Emergency Contact: Name & Phone #: _____

Date of Birth: _____

Program you are applying for: _____

Program Dates: _____

Source of Income:

_____ Employed _____ Self Employed _____ Student _____ SA _____ EI BENEFITS

Do you have any medical issues that may hinder you on your healing journey? ____ Yes ____ No

If you answered yes please describe: _____

(Continued on next page)

Moving Forward Guidelines and Application Form



Name 2 goals you have set for yourself:

Short term

Long Term

1.) _____

1.) _____

Do you see any of the following on a regular basis?

- | | | | |
|---------------------------|---------------------------------|------------------------------------|----------------------------------|
| Therapist or Counsellor | <input type="checkbox"/> Weekly | <input type="checkbox"/> Bi-weekly | <input type="checkbox"/> Monthly |
| Drug & Alcohol Counsellor | <input type="checkbox"/> Weekly | <input type="checkbox"/> Bi-weekly | <input type="checkbox"/> Monthly |
| Cultural Activities | <input type="checkbox"/> Weekly | <input type="checkbox"/> Bi-weekly | <input type="checkbox"/> Monthly |
| Health Professional | <input type="checkbox"/> Weekly | <input type="checkbox"/> Bi-weekly | <input type="checkbox"/> Monthly |
| Peer Support Groups | <input type="checkbox"/> Weekly | <input type="checkbox"/> Bi-weekly | <input type="checkbox"/> Monthly |
| Attend Group Therapy | <input type="checkbox"/> Weekly | <input type="checkbox"/> Bi-weekly | <input type="checkbox"/> Monthly |
| Other Support | <input type="checkbox"/> Weekly | <input type="checkbox"/> Bi-weekly | <input type="checkbox"/> Monthly |

(Please describe other support you receive)

Please describe the steps you have taken to begin or continue on in your healing journey (Optional).

You must be willing to assist in fundraising, is there anything that may hinder or prevent you from doing so?

Do you have additional information you would like to share regarding your personal situation that would assist the committee in making their decision?

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SIGNED STATEMENT OF COMMITMENT & PARTICIPATION

I _____ full understand that the following are required of me;

1. Be clean and sober for 3 months or longer before attending any program.
2. I will remain on the grounds of the seminar.
3. I commit to following up with my Counsellor/ Therapist/ Mental Health Worker upon completion.
4. I will complete a post evaluation of the program.
5. I will attend and participate fully in each of the training sessions and be on time.
6. I commit to continue on my healing path after completion of the program.
7. I will assist with fundraising to help cover program costs for myself and as well with others.
8. I will attend regular support group meetings as part of my after care.
9. In the event that I voluntarily leave the program before it ends and the committee has to forfeit the entire cost of the program fees, I will fully reimburse the Personal Development Funds allocated on my behalf.
10. I am in agreement with the allocation put forward by the committee.

My signature hereby indicates that I have read, understand and agree to the Terms and Conditions set forth and I will abide by them.

Moving Forward Guidelines and Application Form



BOARD MEMBERS

DENNIS NED

Dennis Ned

DESMOND PETER JR

Desmond Peter Jr

MARYLN BOB

Marilyn A. Bob

JUSTIN KANE

Justin Kane

MATILDA BROWN

Matilda Brown

RICK ALEC MENTAL HEALTH DEPARTMENT

Rick Alec

Chief Callpac