Nuḵw7antwál' Day Treatment

St'á t'imc Outreách Heálth Services

Referral Package

Nuḵw7antwál' means to "help each other". The goal for this program is for you to find support from others in recovery and to assist you with the tools/skills to support yourself and others in their recovery.

Program Information:

What is Day Treatment?

Day Treatment provides participants with daily activities to support their addiction recovery. These activities may include Medicine Wheel Assessment, Addictive Behaviors, Identity/Family Tree, Trauma, Grief/loss, Job readiness/educational workshops, sharing circles, ceremony, yoga, elders talk, crafting and other topics

Program sessions will begin, **Sept 8 to Oct 30, 2026,** with possibility of extension. Full time participants in the program will be expected to attend activities in-person daily (9 a.m. - 4 p.m. four days per week).

Who can attend?

Any self-identifying indigenous adult (18 and older) living in St'át'imc territory can be referred to the Day Treatment program, with exceptions of other Nations. All sessions are open to men, women, and two-spirited individuals. Participants must demonstrate a desire to progress in their recovery.

Day Treatment can be helpful for those who have years of sobriety or for those who are just starting their recovery journeys. To ensure a safe and healthy environment it is important that every individual be **free from use of drugs and/or alcohol 2 weeks prior to the program and the duration of the program.**

Does it cost anything to participate?

The program is free for all those that qualify to participate. However, not all costs of participating (such as travelling to and from the program, Day Care) will be covered. If there are financial or other barriers that are preventing you from accessing the program, we will identify these during your intake and do our best to help you overcome these barriers. **Accommodation maybe provided for those members living out of town.**

How do I enroll in Day Treatment?

You can be referred into the program with the help of one of your community supporters, which may include a doctor, elder, addictions counsellor, traditional healer, etc. Self-referrals can be completed with the help of our staff. All referral information is contained in this package. Please complete the referral information with the help of a care provider. Once we've received your referral information, we will schedule an intake appointment to discuss your referral information and design a care plan for you.

Contact Information: Matilda Fenton (Day Treatment Manager) – Matilda.fenton@statimcltc.ca
Lillooet Tribal Council: 250-256-7523 extension # 255

REFERRAL & INTAKE PROCESS:

1. Complete the referral information contained within this package. Package can be completed by the applicant themselves or with the help of one of their supporters.
2. Once completed, you must contact our staff to arrange delivery/pick-up of the referral materials. **Emailing scanned copies of the documents is not a secure method of delivery.** We request physical copies of the materials to ensure that privacy is protected.
3. When our staff receives the referral materials, we will request information from the parties identified in the Consent to Release of Information form. We will use this information to begin filling in the intake information.
4. Our staff will then schedule a visit with the client to complete the intake information and design a care plan for them. Client's can choose to have one or more of their supports accompany them during this intake visit. Care plans will connect clients to a variety of services and activities that look to improve a client's wellness physically, mentally, emotionally, and spiritually.
5. Care plans may include full enrollment in the Day Treatment program when spots are available. Clients that are not able to immediately enroll in Day Treatment will be able to access some of the services included in the program while they are on the waiting list.

REFERRAL SUPPORTER INFORMATION:

Referral Date:	Supporter's Name:	Title/Position:

Organization/Agency Name (if applicable):	Email:
Phone:	Current Address:
What is your relationship to the applicant and what type of support have you provided them with?	

APPLICANT INFORMATION:

Last Name:	First & Middle Name:	Preferred/Traditional Name:
Birthdate (DD/MM/YYYY):	Cellphone Number:	Home Number (if applicable):
Current Address:		Email:
Home Community/Nation:	Indigenous Identity: □ Status □ Non-Status □ Metis □ Inuit	Personal Health Number (PHN):

Self-Identified Gender (Select all that apply):

□ Male □ Female □ Transgender □ non-Binary □ Two-spirit □ Questioning □ My Gender is _____

Preferred Pronoun:

□ He □ She □ They □ My pronoun is _____

If you identify as transgender, non-binary, or Two-spirit, please inform us which group(s) you would like to participate with during gender divided activities like men's or women's sweats: □ Male □ Female □ My preference is _____

***DATE OF LAST USE ALCOHOL/DRUGS AND OTHER: _____**

Consent for Release of Information

Release of confidential information between Day Treatment staff and other organizations or agencies.

I _____ (print applicant's name), hereby give permission for Day Treatment staff to contact the identified individuals listed below for the release of information in regard to pre-treatment information, progress during treatment, and aftercare planning, and/or emergency situations.

_____ _____

Applicant Signature Date

_____ Supporter	_____ Organization	Phone: _____ Email: _____ Fax: _____	□ Pre-Treatment Information □ Progress during Treatment □ Aftercare Planning
_____ Other Support	_____ Organization	Phone: _____ Email: _____ Fax: _____	□ Pre-Treatment Information □ Progress during Treatment □ Aftercare Planning
_____ Emergency Contact	_____ Relationship to Applicant	Phone: _____ Email: _____ Fax: _____	□ Pre-Treatment Information □ Progress during Treatment □ Aftercare Planning
_____ Emergency Contact	_____ Relationship to Applicant	Phone: _____ Email: _____ Fax: _____	□ Pre-Treatment Information □ Progress during Treatment □ Aftercare Planning

Applicant Signature:	Date:
Supporter's Signature (if applicable):	Date:

Note: This form is applicable for one year after signed and dated. The applicant may change or revoke this release at any time by giving notice to the Day Treatment staff in writing.