



Haisla Nation
 Culture & Language Department
LAND-BASED HEALING PROGRAM
 Liz Robinson, Land-Based Wellness Coordinator
 Phone: (250) 639-4004
 Email: lrobinson@haisla.ca

Last name: _____

First name: _____ Gender: M / F

Address: _____

City: _____ Province: _____ Postal code: _____

Do you speak Haisla/Henaksiala? Yes / No

Do you have any experience harvesting traditional foods or medicines? Yes / No
 If you answered yes, please list items: _____

Referred by: _____

Home phone: _____ Cell: _____

Telephone or contact number is required to contact you for an intake/announcement

Email: _____ Birthdate: _____

Aboriginal ancestry: Yes / No Haisla Band Member: Yes / No

Status number: _____

Emergency contact person: _____

Emergency contact number: _____

Do you have a driver's license? Yes / No

FOR THE PURPOSE OF MONITORING (ANONYMOUS) PROGRESS IN OUR COMMUNITY

Do you plan to either return to education program or, seek employment

Are you in receipt of EI: Yes / No

Are you currently on BC Benefits (SA): Yes / No

If yes, how long have you been on SA? _____

Current Marital Status:

Single Common-law Married with children
 Single with children

Number of Dependants living with you: _____

Do you require childcare assistance Yes / No

Personal

What are the two biggest challenges you have faced in the last year?

What lifestyle changes have you made in the last six months?

How do you contribute to the community?

What is your focus in learning our cultural practices, harvesting and language ways?

What do you know and understand about what it means to be Haisla/Henaksiala?

What do you hope to gain from this healing program?

How would you contribute to this program? For example, arriving on time, active participation, set up & clean up, positive attitude. Sharing your knowledge, skills and stories of our culture and traditions.

How might you self-sabotage yourself in completing this program?

What keeps you going when life gets tough?

Who taught you our Haisla/Henaksiala ways of doing, thinking, and behaving as you grew up?

What are your hobbies and interests?

Please rate the following list of activities, 1 is your first choice, 9 is of least interest to you in this program.

- Harvesting processing, storing, and cooking seafood.
- Wood carving
- Language, History, and maps of our territory
- Learning about plant harvesting, processing, and uses as medicines.
- Trapping, drying, or tanning hides and using it for a project.
- Berry picking, making jelly, jam, or juicing.
- Mental health and family dynamics related to our colonization and residential school.
- Hunting, processing, storage, and cooking of wild game.
- Iron Chef competition using our harvested foods at the end of the program (PRIZE)

Any major problems in your life situation related to drugs and/or alcohol?

- Physical health Family and friends OTHER: _____
- Financial debt Housing
- Legal Employment

Have you or a family member ever attended residential or day school? Yes / No

Do you have difficulty reading? Yes / No

Do you have difficulty writing? Yes / No

PLEASE MAKE ANY SUGGESTIONS OR COMMENTS ABOUT WHAT YOU WOULD LIKE TO:
LEARN IN THIS PROGRAM

WHERE YOU WOULD LIKE TO HAVE THIS PROGRAM LOCATED

Please indicate by number 1-5

No problem=1 Mild problem=2 Medium problem=3 Difficult=4 Very difficult=5

___ Self Esteem

___ Family Problems

___ Confidence

___ Authority figures

___ Legal

___ Alcohol/Drugs

___ Grief

___ Edibles/Cannabis use

___ Racism

___ Conflict with others

___ Finances

___ Physical health problems

___ Daycare

___ Transportation

Additional information you may want only the coordinator to know:

Administration only

Date of Intake Interview: _____

Interviewed by: _____

Accepted:

Yes / No

Start date: _____

Please submit application and contact Liz Robinson for an interview.

Land-Based Wellness Coordinator

Haisla Nation

Culture and Language Dept.

Email: Lrobinson@haisla.ca

Phone: 250-639-4004