WEST MOBERLY FIRST NATIONS

RECOVERY TREATMENT FUND POLICY

Adopted:	July 7, 2026
Amended:	

RECOVERY TREATMENT FUND

Objective:

To provide supplementary funding for WMFN Members to attend Drug and Alcohol Treatment facilities.

Application and Scope:

WMFN Members

Policy:

The amount of the Recovery Treatment Fund will be determined by Council every year prior to March 31, based on the availability of funds.

Funding will be available to WMFN Members on a first come first served basis. If there is a waitlist for funding, Members that have previously accessed treatment through this fund will be placed at the bottom of the waitlist.

WMFN funding is intended to supplement support provided by the National Native Alcohol and Drub Abuse Program (NNADAP). WMFN Recovery Treatment funding is only available for costs that are not eligible for funding from NNADAP (or another source) or where the wait for NNADAP services is longer than 14 days after the submission of the application.

The Health Department will be available to assist; however, the Member is responsible for completing the application for both NNADAP and WMFN Recovery Treatment funding.

Members that access NNADAP funding will be eligible for living allowance costs (see Appendix A) for costs NOT covered by other funding (e.g. Social Assistance).

Members that have applied for NNADAP funding but have been informed that services are not available for longer than 14 days, may apply to the WMFN Recovery Treatment Fund for additional funding to cover the cost of the treatment centre.

Members that have applied for NNADAP funding and have received confirmation of funding, but do not believe the available treatment centres will meet their needs (e.g. safety, location, length of stay, gender specific centres, complex physical or mental health supports) may submit an application for funding to the WMFN Recovery Treatment Fund. This application must include a rationale for why the Member is unwilling to attend any of the available NNADAP treatment centres. This rationale will be reviewed by the WMFN Health Department to determine if WMFN will fund an alternative option. The WMFN Health Department will maintain a list of alternate approved centres. Members may

request funding to attend one of these centres instead of the NAADAP available centres.

Members that access the WMFN Recovery Treatment funding will be expected to complete the program offered by the treatment centre. Members who do not complete the program will be responsible for repaying all WMFN sponsored costs.

Personal Crisis or General Emergency

General Emergency is defined for the purpose of this policy as an unforeseen combination of circumstances or the resulting state from an event(s) that impacts life, health, or property. (e.g. flood, earthquake, fire, violence, pandemic).

Personal Difficulties for the purpose of this policy includes instances such as serious injury or illness, death of an immediate family member, significant damage to or loss of property.

In circumstances where Personal Difficulties or a General Emergency are seriously impairing the ability to complete the recovery treatment, the Member shall notify the Health Department immediately to discuss the situation. Options will be determined by the Health Department on a case-by-case basis.

If exceptions to recovery treatment completion are sought because of a Personal Difficulty or General Emergency, a written request from the Member must be submitted to the Health Department for consideration along with official documentation verifying the nature and expected duration of the difficulty (when possible).

Procedure:

1. The Member works with WMFN Health Department to apply for NNADAP funding.
2. If NNADAP funding is approved and available within 14 days, WMFN funding will be available for living allowance not covered by other funding (e.g. Social Assistance). The Member must complete an application for WMFN Recovery Treatment funding of living allowance (see Appendix).
3. If NNADAP funding is not approved or is not available within 14 days, the Member may apply for WMFN Recovery Treatment funding for both the treatment centre and living allowance.
4. If NNADAP funding is approved but the Member does not believe that the assigned treatment centre will be effective, the Member may apply to have WMFN Recovery Treatment funding for both the treatment centre and living allowance. An additional rationale must be included in the application to be reviewed by the WMFN Health Department.

REVIEWED & RECOMMENDED

This WMFN Recovery Treatment Fund Policy has been reviewed and approved by a quorum of Council on [July 7, 2026], coming into force on [July 7, 2026]:	
Councillor: Theresa Davis	
Councillor: Asher Atchiqua	
Councillor: Sam Desjarlais	
Councillor: Clarence Willson	
This policy has been reviewed and amended by a quorum of Council:	

WEST MOBERLY FIRST NATIONS

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Telephone: 250-788-3663

Facsimile: 250-788-9792

APPLICATION FOR RECOVERY TREATMENT FUNDING SUPPORT

(PLEASE PRINT)

PERSONAL INFORMATION

NAME: _____ TELEPHONE #_____

MAILING ADDRESS (include city and postal code):

_____

_____

EMAIL ADDRESS: _____

DATE OF BIRTH: _____

EMERGENCY CONTACT: _____ CONTACT #:_____

MARITAL STATUS: _____SINGLE _____SINGLE LIVING WITH PARENTS

_____MARRIED/COMMON-LAW_____SINGLE PARENT

OF DEPENDANTS LIVING WITH YOU: _____

DEPENDANT NAME_____ RELATIONSHIP_____

DEPENDANT NAME_____ RELATIONSHIP_____

DEPENDANT NAME_____ RELATIONSHIP_____

DEPENDANT NAME_____ RELATIONSHIP_____

CURRENTLY EMPLOYED: YES_____ NO_____

PLACE OF EMPLOYMENT: _____

_____ _____

SIGNATURE DATE

WEST MOBERLY FIRST NATIONS

PROGRAM INFORMATION

☐ NNADAP FUNDING APPLICATION SUBMITTED (DATE: _____)

Check one of the following:

- ☐ NNADAP FUNDING APPROVED – MEMBER WILL ACCESS NNADAP IDENTIFIED TREATMENT CENTRE; LIVING EXPENSES AND/OR TRAVEL REQUESTED
- ☐ NNADAP PROCESSING / PLACEMENT TIME EXCEEDS 14 DAYS
- ☐ MEMBER APPLYING FOR DIFFERENT TREATMENT CENTRE (ADDITIONAL RATIONALE REQUIRED)
- ☐ NNADAP FUNDING DENIED

TREATMENT FACILITY: _____

FACILITY ADDRESS: _____

START DATE (day/month/year) _____ to **COMPLETION DATE** _____

Funding Request

Indicate what funding you are requesting (check all that apply).

☐ Treatment Centre costs (list amount):	
☐ Travel to and from Treatment Centre (list amount):	
☐ Living Allowance	☐ Childcare
☐ Other (please explain):	

Prior Funding Information

Have you previously received funding for Recovery Treatment from WMFN?

☐ Yes ☐ No

If you received prior funding:
Did you complete your program? ☐ Yes ☐ No

If you did not complete the program, please explain <u>why</u> and what support you believe is needed to complete this time:

_____
_____
_____

Alternate Treatment Facility Request and Rationale

I _____ (name) have been approved for NNADAP funding to attend _____(name of treatment facility). I do not believe this facility is an appropriate option for me because: (list rationale here)

_____
_____
_____
_____
_____
_____.

I am requesting funding from the WMFN Recovery Treatment Fund to attend this facility instead _____ (name of alternate facility).

List costs associated with attending and travelling to alternate facility:

Program cost: _____

Travel costs: _____

For Internal Use by Health Department
Alternate facility approved: ☐ Yes ☐ No
Reason for not approving:
Name of Health Department representative:
Signature of representative:
Date:

I hereby apply for recovery treatment funding for the period indicated. All the above information is accurate to the best of my knowledge. I agree to complete the entire program outlined by the treatment facility. If I do not complete the entire program, I will be required to repay any funds provided by WMFN through the Recovery Treatment Fund program. By signing below, I also acknowledge that I have read the WMFN Recovery Treatment Fund Policy and understand its terms.

_____ _____

SIGNATURE DATE

Budget Item	Monthly Cost
Mortgage/rent*	
Utilities* (does not include optional services such as streaming or cable; includes an existing cell phone plan)	
Car payment/vehicle insurance*	
Childcare*	
Groceries for dependents	
Medications* (only list those not covered by other funding)	
Other	

* Proof of expenditures required (e.g. vehicle agreement, mortgage agreement)

Whenever possible, expenses will be paid directly to the supplier. Otherwise, payment strategies will be developed with the WMFN Health Department and Finance Department.

WEST MOBERLY FIRST NATIONS

RECOVERY TREATMENT
FINANCIAL SUPPORT AGREEMENT

I, _____ understand, that I am receiving funding through the WMFN Recovery Treatment Fund. I must abide by the West Moberly First Nations Recovery Treatment Fund Policy.

I recognize that it is my responsibility to inform West Moberly First Nations Health Department of any changes in my program; including suspension or voluntary withdrawal from the program for any reason or if my budget circumstances declared in the Living Allowance budget application changes (e.g. dependents, payments, etc.).

I understand that if I do not complete the program (except as outlined in policy), I will be responsible for repaying West Moberly First Nations all funds provided under this agreement. Amounts owing will be considered a debt to WMFN and may impact future payments and program access.

_____ _____
SIGNATURE OF APPLICANT DATE