

YOUNG WOLVES LODGE

Mission Statement

“We at Young Wolves Lodge are committed to fostering the emotional, mental, physical and spiritual well-being of youth. In practice we demonstrate acceptance, respect and cultural dignity. Youth are celebrated for their strengths”.

Target Population

Our program serves young aboriginal women between the ages of 17-24. Three beds are for young women who have had their child(ren) apprehended by the Ministry of Children and Families and two are reserved for transient youth. Intake is on a continuous basis and clients may be accepted through service provider referrals or self-referral. The primary mission of YWL is to support clients in their attempts to abstain from alcohol and drugs with an emphasis on long-term relapse prevention, behaviour modification and life skills development.

Program Overview

The YWL program is based on a traditional medicine wheel model which emphasizes the whole person and their connections to the larger community. This holistic approach considers all aspects of a resident’s well-being including the development of a long-term support network. Behaviour modification attempts are enhanced by the program’s length of stay, daily monitoring/constructive feedback, and highly-structured programming. While at YWL youth receive intensive staff support/supervision and key-worker meetings that are conducted on a regular basis in order to evaluate progress and address areas of concern. In addition, one-to-one drug and alcohol counselling sessions are provided. Transition follow-up support is also available to graduates of the program.

Daily activities include: workshops (in-house and/or community), smudge ceremonies and talking circles, chores, and journaling. Youth also attend NA/AA meetings 2-3 times a week providing them with an ongoing support network that they may rely upon following completion of the program. In addition, youth follow a regular exercise schedule, participating in the local community center’s “Swim & Gym” program a couple of times a week. Healthy eating habits are also promoted and issues related to self-esteem and body image are explored. Programming also addresses issues related to family/relationships, violence, sexual abuse/exploitation, safe-sex practices, mental health (e.g. self-harming behaviours, identification of need for re-assessment, etc...), eating/sleep disorders, attachment/co-dependency issues, anger management, criminal involvement and financial stability.

Each month the youth is celebrated for their sobriety with a certificate and earned medicines that are the beginning of their own Medicine Bundle. 1st month the youth will earn Tobacco and Abalone Shell, 2nd month Sage and Cedar, 3rd month a braid of Sweet grass and Lavender, 4th month their Eagle Feather (*upon availability*). On the last day of their program, the youth are celebrated in a “Blanketing Giveaway Ceremony” in front of witnesses. The Ceremony ends with a traditional meal that will be served to all their guests. This Giveaway Ceremony is also to honour the special people who supported the youth through their sobriety. The youth may continue with programming as a Peer Mentor once they have graduated from the program for up to 2 weeks after graduation.

Our goal is an introduction for young women wishing an alternative to that which they currently experience. We recognize young adulthood as a challenging period that often carves the patterns for one’s life. We support youth in making healthy decisions that will aid in the development of those life patterns.

YOUNG WOLVES LODGE REFERRAL PROCESS

- Please complete the following forms. We recognize that frequently those who refer youth may not have an established relationship with that young person and we ask that you have the youth be part of completing the following package to the best of their ability so that we can provide the best support possible for the youth. We have designed this referral to be respectful of privacy.
- Please direct referrals to our **Supervisor/A&D Counsellor, Carole Falardeau**, at Young Wolves Lodge; Phone **(604) 321-1118**, Fax **(604) 321-2009**. Carole will contact you to set up an interview with the youth either at the Lodge or via phone. Before an interview can occur, the youth must contact the Lodge in person and speak directly with the Supervisor/A&D Counsellor to show they are interested in the program and they understand what the program involves.
- Dependent upon program availability, youth will be admitted as soon as possible to begin their 2 week assessment period of the program. Due to the nature of the recovery program, we prefer that youth not be on any behavioural altering medication or has had a minimum of 72 hours clean time.
- Before entering the program for the 2 week assessment period, any youth who is currently on any type medication must have medication refilled or approved by Young Wolves Lodge Supervising Pharmacy at **“Shoppers Drug Mart” located at 6305 Fraser Street**, Vancouver.
- During the assessment period, youth will reside at the Lodge and participate in the program and spend time with staff. Pertinent information will be recorded and shared by all staff members including the Transition Worker. This will ensure the development of an individualized plan for the youth.
- At the end of the 2 week assessment period the youth will be given an opportunity to continue with the program or discharge. There will be no phone calls made the first month of their stay at Young Wolves Lodge as this will allow us time to review the phone lists and family support people. There will also be no visitors allowed at the Lodge during this time period so that youth can concentrate on their goals. During the third week of the program, the Transition Worker will contact all support persons to take part in a Support Network meeting just prior to their first day pass. As part of the recovery program, youth will work towards earning day passes after they have completed their first month. These day passes will be discussed with the youth’s guardian/family/support persons to ensure day activity is well planned out.
- As part of the youth empowerment, youth work toward earning day passes that have been negotiated with their Key File Manager, A&D Counsellor and Guardian/Care Givers. As our budget does not include funding for their earned day passes, Young Wolves Lodge is requesting that the guardians/care givers provide the youth with money and/or passes and bus tickets. How this is done will be negotiated with all parties involved.

Youth passes are as followed: *Subject to change only for Lodge ceremonies in-house or in the community. Personal commitment will not be allowed and no overnights for the next 16 weeks.*

2nd month: day pass – Saturday 1:00 p.m. to 5:00 p.m.

3rd month: day pass – Saturday 1:00 p.m. to 7:00 p.m.

4th month: day pass – Saturday 1:00 p.m. to 9:00 p.m.

Young Wolves Lodge

Referral Package

Applicant's General Information Section:

Surname (legal): _____ First Name: _____

Other Name(s) used: _____

Current Address: _____ City: _____ Prov: _____

Place of Birth: _____ Province: _____

Telephone Number: _____ Alternate Number: _____

Birth Date: Year _____ Month _____ Day _____ Current Age: _____

First Nation Ancestry: ___ Yes ___ No Band Name/Ethnic Background: _____

Status: ___ Non-Status: ___ Status Number: |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

S.I.N.: |_|_|_|_| - |_|_|_|_| - |_|_|_|_| Care Card: |_|_|_|_| - |_|_|_|_| - |_|_|_|_|

How are Medical Insurance Premiums paid? _____
(MHR, DIA, Blue Cross, Company Benefits, SA, or Self)

Height: _____ Eye Colour: _____ Hair Colour: _____ Weight: _____

Distinguishing Features (tattoos, piercing, scars, etc...): _____

Referring Contact Person: _____ Referring Agency: _____

Relationship to Client: _____

Referring Date: _____ Business Phone: _____

Address: _____ Fax Number: _____

Involved Professionals and Relationship to Client:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Emergency Contact(s):

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Applicant's Information:

Do you have an Alcohol and Drug Counsellor? Yes No

Counsellor's Name: _____ Phone: _____

How long with this Counsellor?: _____ How many Sessions: _____

Have you ever been to a Psychologist/Mental Health Counsellor Yes No

If yes, please indicate psychologist/mental health counsellor/concurrent disorders counsellor (formally dual-diagnosis):

Name: _____ Agency: _____

Address: _____ Phone: _____

Do you have a Family Doctor: Yes No

Doctor's Name: _____ Phone: _____

Do you go to a Walk-in-Clinic: Yes No

Clinic Name: _____ Phone: _____

Last physical exam: _____ Outcome: _____

TB test: Yes No Date last tested: _____ You must submit results

Hep A & B & C test: Yes No Date last tested: _____ You must submit results

HIV test: Yes No Date last Tested: _____ You must submit results

STD test: Yes No Date last tested: _____ You must submit results

Are you on current prescribed medication: Yes No

Type of prescribed medication: _____

Diagnosis for medication: _____

Do you have a Dentist: Yes No

Dentist Name: _____ Phone: _____

Last dental exam: _____

Are you currently Pregnant? Yes No If yes, how many months? _____

Do you have any children? Yes No If yes, how many children? _____

Are they in your custody, family or in care with MCFD? _____

Do you have any documentation of appointments/referrals/suggestions by family Lawyer? Yes No

Are you willing to provide any information in regards to legal conditions set out by MCFD so that YWL can assist in aiding/supporting in gaining custody back of children in the future? Yes No

If no, please provide and explanation: _____

Have you ever been involved in the sex-trade (prostitution)? Yes No

If yes, how old were you when you first became involved in the sex-trade? _____

Were you raised by your natural parents? Yes No

Have you ever been in the care of MCFD (foster care)? Yes No

If yes, how old were you when you were first in care and are you still in care? _____

Do you have any siblings? Yes No Are they in care? Yes No

Have you ever made an abuse disclosure? (*sexual, mental, physical, emotional*) Yes No

If yes, with whom did you make this disclosure to and how long ago? _____

Have you ever felt suicidal? Yes No

Have you ever planned how you would attempt suicide? Yes No

Have you ever attempted suicide? Yes No

If yes, how long ago was that and were you hospitalized? _____

Have you experienced chemical induced psychosis? Yes No

If yes, how long ago and what type of drug(s) were you using? _____

Were you hospitalized for this? Yes No

Where? _____ How long? _____

Do you hear voices? Do you see people/things that are not present? Yes No

If yes, please explain: _____

Have you ever self-harmed yourself? (*cutting, bruising, knocking out own teeth, etc...*) Yes No

If yes, please explain what type of self-harm was chosen and how old were you when you first started: _____

Do you have an eating disorder? Yes No

How old were you when the eating disorder began? _____

Have you ever been diagnosed with an eating disorder? Yes No

If yes, what type of eating disorder were you diagnosed with? (*Anorexia, Bulimia & Compulsive Overeating, Binge eating*)

Do you have a criminal record? Yes No

Is there a warrant for your arrest? Yes No

Are you on Probation? Yes No

P.O. name: _____

Phone: _____

P.O. address: _____

City: _____

Are you willing to sign a release of information for your probation officer to submit a Pre-sentencing report and conditions? Yes No

If no, please explain: _____

Do you have any pending court appearances? Yes No

If yes, how do you plan on dealing with these appearances and attend a residential recovery program?

How do you deal with conflict with peers? _____

Precipitating Event/Motivation

Has a specific event(s) prompted this application? Yes No

If yes, please describe: _____

Applicant's Signature

Date

Assessment Section (Counsellor/Referring Service Provider)

Counsellor/Service Provider: _____

Date: _____

1. Does applicant have a spouse/boyfriend that is in outpatient program? ___ Yes ___ No
2. Is the applicant in an abusive situation? ___ Yes ___ No
3. Does the applicant express a desire or willingness to change? ___ Yes ___ No
4. Is the applicant willing to participate in all types of intensive counselling and therapeutic activities? ___ Yes ___ No
5. Does applicant express desire to change lifestyle and situation? ___ Yes ___ No
6. Does applicant believe that her addictions have negatively affected her life? ___ Yes ___ No
7. Does applicant believe that she has an addiction? ___ Yes ___ No
8. Does applicant believe that sobriety is needed for change in her life? ___ Yes ___ No
9. Has addictions affected applicant's life in one or all areas:

Housing	___ Yes	___ No	Family/Friends	___ Yes	___ No
Work	___ Yes	___ No	School	___ Yes	___ No
Physical Health	___ Yes	___ No	Legal	___ Yes	___ No
Children	___ Yes	___ No	Financial	___ Yes	___ No
Leisure	___ Yes	___ No			

If yes, please explain: _____

10. Is applicant free of all factors to attend Young Wolves Lodge Recovery Program? *(school, work, medical, legal)* ___ Yes ___ No

11. Is applicant aware of specific areas that she would like to address while at Young Wolves Lodge? ___ Yes ___ No

If yes, please explain:

- Physically _____
- Emotionally _____
- Mentally _____
- Spiritually _____

Physical History

Does applicant have any physical limitations that would interfere with participation in recreational/physical activities? (*general cleaning, swim/gym, walking, cultural activities*) Yes No

If yes, please elaborate: _____

Does applicant have any special needs that need to be addressed to Young Wolves Lodge staff while attending in the recovery program? (*allergies, asthma, diabetes, physical disabilities, etc...*) Yes No

If yes, please elaborate: _____

Does applicant have epi-pen kit for allergic reactions or insulin kit for diabetic reactions? Yes No

Cultural/Spiritual Component of Young Wolves Lodge

Is First Nation Ceremonies significant to client's sobriety? Yes No

Is applicant willing to participate in First Nations Ceremonies? Yes No

Has applicant expressed desire to continue First Nations Ceremonies after recovery? Yes No

Has applicant expressed any specific preferences to Culture/Ceremonies? Yes No

If yes, please explain: _____

Prior Treatment/Counselling

Has applicant been to Detox in the past year? Yes No

If yes, where/when/how long was she in detox? _____

Did applicant complete expectant time of detox? Yes No

If no, please provide an explanation: _____

Has applicant been to a recovery/treatment program in the past? Yes No

If yes, how long ago/where and did she complete the program? _____

What do you think would benefit the applicant's recovery by attending Young Wolves Lodge? _____

What do you know is the motivation of the applicant for attending Young Wolves Lodge? _____

TYPE	Age of first use	How often	Amount	Method of use	Last date of use
Alcohol (beer, wine, hard liquor, coolers, etc...)					
Cannabis (pot, hash)					
Tobacco (cigarettes, snuff)					
Amphetamine (crystal meth, speed, ecstasy)					
Illicit Methadone					
Cocaine (crack, cocaine)					
Heroin (china white, crank)					
Hallucinogen (acid, PCP, mushrooms, ketamine)					
Barbiturates (phennies, yellow jackets)					
Opiate (morphine, codeine, opium)					
Inhalants (glue, gas, hairspray, etc...)					
Prescription Drugs (T3's, valium, etc...)					
Over the counter drugs (cough syrup, scope)					
Benzodiazepine (sleeping pill, tranquilizers)					

Education

Please check off highest level of education completed by client; please be specific of grade level completed:

Elementary (Kindergarten to grade 8) _____

High School (grade 9 to 12) _____

Young Wolves Lodge

RELEASE OF INFORMATION

To: Name of Professional/Agency _____

I / We: Name of Applicant _____

hereby give consent to the release of information for the above noted Professional/Agency to Young Wolves Lodge the release of any records, reports and information of Medical, Psychological and Psychiatric examinations and treatments that pertains to me.

Please forward copies of these documents to Young Wolves Lodge at your earliest convenience.

(Applicant's Name - Print)

(Applicant's Signature)

(Guardian Signature - if client under 18 yrs)

(Date)

Young Wolves Lodge

Emergency Contact Release Form

The signing of this form is in protection of you, the resident. It does not give permission to provide other than law mandated information to ANYONE not listed on this form.

I, _____ am providing the Young Wolves Lodge with the following names who will be contacted in the event of an emergency. One of the contact people is defined as my legal guardian. Only if my guardian is unavailable will the other names provided be contacted.

An emergency is understood as an event or circumstance that puts my safety in danger. This may include medical attention, unexpected absences from Young Wolves Lodge or the decision to leave the program.

Name:	Phone #:	Relationship:
_____ <i>(Legal Guardian)</i>	_____	_____
_____	_____	_____
_____	_____	_____

I understand and expect that this information will be kept in confidence within the Young Wolves Lodge.

(Applicant's Name – Print)

(Applicant's Signature)

(Guardian Signature - for client under 18 yrs)

(Date)

Young Wolves Lodge

Consent

to

Reside/Participate in Programming/Recreation Activities/Field Trips

I, _____ am voluntarily willing to participate as a resident in all of Young Wolves Lodge programming and/or activities. I am aware that some of the programming activities may include outings/field trips.

I agree that Urban Native Youth Association in partnership with The Coming Home Society is not legally responsible for any medical damages to self and/or my property. In the case of an emergency, Young Wolves Lodge will contact the appropriate medical services and/or hospital and guardian.

As a resident I will adhere to the outlined safety precautions discussed by the staff of the Young Wolves Lodge. Should I fail to do so, I may risk future outing opportunities and/or my residency within the Lodge.

(Applicant's Name – Print)

(Applicant's Signature)

(Guardian Signature – for client under 18 yrs)

(Date)

Young Wolves Lodge

Release of Information

To: _____
(Name of Doctor and/or Hospital)

I, _____
(Applicant's name/Patient)

do hereby give consent for the above noted Doctor and/or Hospital to release any information to the staff of the Young Wolves Lodge regarding the medication prescribed to myself and the possible side effects of regular, irregular or improper usage. I also consent to the release of any other medical information relevant to my well being.

(Applicant's Signature)

(Date)

(Witness Signature)

(Date)

Young Wolves Lodge

Approved Telephone Contacts

Applicant's Name: _____ Intake Date: _____

Scheduled phone times: _____ : _____

Names on the list should consist only of immediate family members and professionals involved with the resident. Resident requesting calls made out of town to other family members must supply their own Long Distance Cards. No direct long distance calls will be made on the Young Wolves Lodge phone.

The resident is allocated a phone schedule and calls will only be made at that time. Resident's will not receive phone privilege or their phone schedule until they have completed one month of the program. Any resident caught on any phone without permission will lose telephone privileges and if it persists, may face discharge from the program.

Please list below the names you wish to have contact with. Contact person other than professionals must be support persons who are not in active addiction.

Name	Relationship	Phone #	Agency

YOUNG WOLVES LODGE

Women's Recovery Responsibilities

These agreements are the commitments and responsibility of **STAFF** and the **WOMEN** of this Lodge.

We are responsible for the following rules:

- **No Drugs or Alcohol**
 - **No Sex**
 - **No Violence or Abusive Behaviour** (*Physically, Mentally, Emotionally or Spiritually*)
 - **No Smoking inside the Lodge**
1. We are responsible for treating all other in the Lodge, including visitors, with respect regardless of gender, race or sexuality.
 2. We accept the responsibility of considering the feelings, privacy, and confidentiality of other and insist upon the same.
 3. Confidentiality is extended to our time away from the program and we will continue to honour our commitments to others and the program.
 4. We agree not to discuss current or past residents with anyone other than a staff member at Young Wolves Lodge.
 5. We are responsible for the safety and well being of others in the program and ourselves.
 6. We treat the property, Lodge and staff with respect at all times.
 7. We are responsible for co-operating with others. If co-operation seems unreachable, we agree to seek the input of a third party to help with resolution.
 8. We are responsible for our language and will refrain from abusive or hurtful language that may offend others. Keep in mind that you are in ceremony for the next four months and must be mindful of all your actions.
 9. We agree to respect other people's rights to privacy and not intrude upon them physically, mentally, emotionally or spiritually.

Applicant's signature of Understanding: _____

YWL Women's Recovery Agreements

- We agree that planned menu meals are at designated times and eaten in the kitchen, light healthy snacks, however, are available throughout the day.
- We accept the responsibility for personal beverages and food consumed anywhere within our home; we **"clean up after ourselves"**. And ensure the dishes/pots and pans are completed at scheduled times. *(Example; return cups and dishes to the kitchen and rinse prior to putting them in the dishwasher, and correct any "accidents" or spills should they occur).*
- We smoke **only** in the designated area at designated times at the back of the Lodge. We are expected to maintain our smoking area by disposing of cigarette butts into canisters and cleaning the canisters each day. We will not "flick" cigarette butts onto the Lodge's property or neighbours property. Cigarettes and lighters are to be held in safe keeping by the staff throughout the day and night including on outings. ***Those not willing to follow these guidelines will have privileges revoked.***
- We agree **not** to bring contraband into the Lodge. This includes; cell phones, personal listening devices, cd's, weapons, caffeine, chocolates/candies, sugar/sugar products, power drinks, pop, mouth wash, spray can products, etc...
- We agree that knives and other sharp objects and cleaning supplies must remain locked when not in use. This is for the protection and safety of all who enter the Lodge.
- We agree that the TV is only available at designated times *(after 6 p.m. and provided all responsibilities have been met)*. We agree the Lodge portable stereo will only play Cultural music and program related music throughout the day and evening and stereo is kept in the living room area.
- We agree that no one is to sleep in the living room. Relaxation for meditation is acceptable.
- We agree to take care of our personal belongings, as in clothing, workshop materials, reading materials, crafts, etc..., and put all items back in their respective place after each use and before retiring for the night.
- We agree to remove our outdoor shoes when in the Lodge and residents will **keep their shoes** in their bedroom closet.
- We agree to wear appropriate and respectable clothing within the Lodge, on the property and in the community.
- We agree to not leave assigned towels in the bathroom and respect the hygiene of others. It is your responsibility to have your own laundry done on assigned days and put them away immediately.
- We agree to do the assigned chores when requested and help out with additional chores when needed.
- We agree not to use the phone until after the 30 days have been completed and this includes pay phones, other peoples' cell phones while in the Lodge and on outings in the community.
- We agree that visitors to the Lodge have been pre-approved by the supervisor and to restrict visitors to the main floor for the privacy of others and their property. **No** drop offs of items without approval of the supervisor.

Applicant's signature of understanding: _____

Youth Expectations:

As staff, youth are expected to follow the agreement of the Lodge:

- Daily, youth are expected to wake up on time, make their beds before breakfast and be outside of their bedrooms within one-half hour after wake-up. Cleaning your room and washing bedding is expected once a week at assigned times.
- Youth are expected to prepare meals and clean-up with assistance and supervision of the staff. Staff is not expected to cook the entire meals.
- Youth are expected to help clean and maintain the living room and the common areas after each use and staff is to ensure this is being done during their shifts.
- Youth are expected to clean the bathroom after showering/bathing and maintain a level of cleanliness for the next person. Staff is to ensure this is being done.
- Youth are not to enter the offices without invitation to do so. We have a responsibility to ensure everyone's privacy and staff will ensure boundaries have been set.
- Youth are expected to maintain their smoking area by disposing of cigarette butts in appropriate containers and emptying these containers daily and also are required to turn in their cigarettes/lighters daily to the staff.
- Youth are expected to participate in the YWL program and refrain from isolating themselves in their room.
- For safety reasons, youth are not to access the broiler room, have matches/lighters/cigarettes, candles or incense in their rooms.
- Participation in daily and weekend chores helps youth have pride in the Young Wolves Lodge.
- Staff and youth are not to barter, trade, borrow, lend or exchange favours **at anytime**.

Communal Living Agreements

- Please do not leave personal belongings in common areas. They are your responsibility to put away.
- Please do not leave your towel(s) in the bathroom. For hygiene reasons, please keep your designated towel as your personal possession in your room.
- Women are asked, for hygiene reasons, to clean up the bathroom after showering/bathing.
- Women are asked to help with meal preparation and clean-up, keeping in mind that some duties may be switched due to those on their Moontime or at appointments.
- Women are asked to help clean and maintain the living room and common areas after use.
- Women are asked to honour the right to privacy of others and not enter other's bedrooms. This also means **no slumber** parties.
- Women are asked to refrain from lending or borrowing another's belongings and sharing of cigarettes. YWL and its staff will not take part in negotiating differences should a disagreement arise when not following the agreements.

I _____, understand that Young Wolves Lodge is a voluntary program; therefore I agree to abide by the agreements as stated above.

Applicant's signature _____ Date _____

Youth Intake Inventory List

IMPORTANT NOTE: *The items listed below are the only items that will be allowed into the Lodge during the intake process. Only one large suitcase or bag will be allowed into the lodge and anything above that will be given to family or support person to store for you as we are limited in space and are practising infestation prevention.*

- bra's and underwear
- socks
- 5 t-shirts (*no tank tops of any kind or midriff tops*)
- 2 Hoodies or sweatshirts or sweaters
- 2 long sleeves shirts/tops (*weather appropriate and for ceremony*)
- 2 pairs of pants/jeans
- 2 pairs of work out pants and/or yoga pants
- 2 pairs of shorts (*Knee length or just above the knee, positively no short shorts*)
- 2 ceremonial floor length skirts (*mandatory*)
- 2 long dresses(*optional*)
- 2 pair pyjamas (*nothing revealing*)
- 1 bathrobe (*mandatory*)
- 1 weather appropriate coat/jacket
- 1 pair slippers (*mandatory indoors*)
- 1 pair of running shoes
- 1 pair of dress shoes
- 1 pair of sandals/flip flops (*seasonal*)
- 1 bathing suit (*no bikinis*)
- minimal make up in a small make up bag
- 1 purse **OR** 1 bag/back pack
- 1 suitcase (*all clothing, shoes, and make up must fit inside*)

Note: *We recognize that youth may not have the funds or means to purchase above items and we will do our best to assist you applying for Income Assistance to make these purchases. We do not have the funds to cover these costs for you.*

Items Not Permitted: *the following items will be **NOT** be allowed to enter the lodge and may be discarded at own risk if your support or family member cannot store the for you.*

- **NO** Books, magazines, DVD's, IPOD's/MP3's, CD's
- **NO** craft supplies (*we provide what we have in the lodge*)
- **NO** photo albums (*loose pictures are ok to post on bulletin boards in their room*)
- **NO** personal blankets, pillows or stuffed animals
- **NO** posters
- **NO** perfume, nail polish or nail polish remover, aerosol sprays, mouthwash, rubbing alcohol or hair dye, scissors, needles, etc...
- **NO** revealing clothing will be accepted into the lodge for any reason, we are in ceremony and practice modesty
- **NO** high heels (*only comfortable walking shoes*)
- **Positively NO** candies, chocolates, caffeine products, energy drinks, pop or any type of sugar products (*we provided healthy alternatives to meals and snacks*)

Applicant's signature of understanding: _____