

**Wabanaki Public Health and Wellness
"The Wab" Peer Run Recovery Center
Annual Update**

Name: _____ Date of birth: _____

Address: _____ Phone: (____) _____

Emergency Contact: _____ Phone: (____) _____

Do you have any allergies? Yes() No () Any medical conditions we should be aware of? Yes() No()

If yes, please describe: _____

Our focus:

- Promote wellness and encourage healthy behaviors
- Provide a safe place for our community to go/"haven"
- Culturally congruent, offering Native American- teachings, spirituality, arts/crafts, etc
- Integrated with the community supports networks- to create and strengthen relationships
- Build awareness on various topics (ie: Wellbriety, nutrition, health)
- Available resources: phone, computer, pamphlets, community and tribal events
- A place to access intentional peer support
- A recovery oriented environment

Expectations for Participation:

- Participate drug and alcohol free
- Speak and behave in a kind, respectful, and appropriate manner
- Supervise and ensure safety of children at all times
- Be responsible for cleaning up after yourself
- Be relaxed in the room. No sleeping
- Keep speaker phones off. Keep phone conversations private
- Limit phone and computer use to 60 minutes when others are in the room
- Prevent the spread of germs and illnesses. Please stay home if sick
- Respect the privacy of others

I understand that Wabanaki Public Health and Wellness Peer Run Recovery Program will keep my information confidential.

By signing below, I am confirming that I have reviewed the description and expectations of participation.

Signature: _____ Date: _____

Witness: _____ Date: _____