

**Wabanaki Health and Wellness**  
**Peer Run Recovery Center**  
157 Park Street  
Bangor, ME 04401

## Welcome to Wabanaki

Peer Run Recovery Center

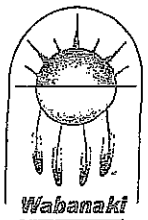
"The Wab"

The Wab Center is an intentionally created space where we conduct: Vocational, Recovery, and Recreational activities that promote health and wellness in a culturally appropriate way.

The Wab center is available for our community members general use from 8am-4pm Mon - Fri, unless it is being used for pre-scheduled special event. Off hours use may be scheduled for planned activities.

*The Wab is an intentional, trauma informed space where our focus is to:*

- Promote wellness and encourage healthy behaviors
- Provide a safe place for our community to go/"haven"
- Culturally congruent, offering Native American- teachings, spirituality, arts and crafts etc.
- Integrated with the community supports networks- to create and strengthen relationships
- Awareness building on various topics ie Red Road to Wellbriety, Nutrition, ways of managing conditions
- A place to access to resources via the computer phone, books pamphlets, community and tribal happenings
- A place to access intentional peer support
- A Recovery oriented environment



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**Membership Application**

The Wab is open to any community member in need of culturally appropriate peer necessary services/ program with a history of mental illness, and or substance abuse. Proof is not required for member ship.

Do you have a history of mental illness or substance abuse? YES \_\_\_ NO \_\_\_

How did you hear about "The Wab"? \_\_\_\_\_

Name: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Please print) first last mos day year

Address \_\_\_\_\_ Phone# (\_\_\_\_) \_\_\_\_-\_\_\_\_ Phone# (\_\_\_\_) \_\_\_\_-\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Name: \_\_\_\_\_  
(Please print) first last

Address: \_\_\_\_\_ Phone# (\_\_\_\_) \_\_\_\_-\_\_\_\_ Phone# (\_\_\_\_) \_\_\_\_-\_\_\_\_

- 1. Do you currently live with any conditions that would cause you to lose consciousness, such as fainting or seizures? YES \_\_\_ NO \_\_\_
- 2. Do you live with any conditions that you feel we should be aware of? YES \_\_\_ NO \_\_\_
- 3. Do you have any allergies? YES \_\_\_ NO \_\_\_

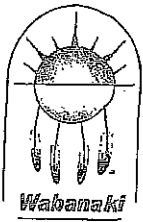
If you answered yes to questions 1-3, please describe.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

By signing below I am confirming that I have reviewed and received a copy of Wabanaki Health and Wellness Peer Run Recovery Program description and expectations for participation.

MEMBER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

STAFF SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_



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### Rights of Recipients Summary

This is a summary of your rights as a recipient of community based services under the Rights of Recipients of Mental Health Services.

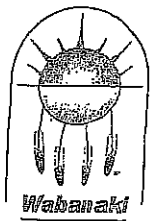
- 1. Basic Rights:** You have the same civil, human, and legal rights which all citizens have. You have a right to be treated with courtesy and full respect for you individually and dignity.
- 2. Confidentiality and Access to Records:** You have the right to have your records kept confidential and only released with your full informed consent. You have the right to review your record at any reasonable time
- 3. Individualized Treatment or Service Plan:** You have the right to an individualized plan, developed by you and your worker, based upon your needs and goals.
- 4. Informed Consent:** No services or treatment can be provided to you against your will
- 5. Assistance in the Protection of Rights:** You have the right to appoint a representative of your choice to help you understand your rights, protect your rights or help you work out a treatment or service plan. If you wish a representative, you must designate this person in writing. You can have access to the representative at any time you wish and you can change or cancel the designation at any time.
- 6. Freedom from Seclusion and Restraint.** You cannot be secluded or restrained in the community setting.
- 7. Right to File a Grievance.** For help with filing a grievance, contact SAMHS Grievance Coordinator, (207) 557-5234, TTY Users: Dial 711 (Maine Relay), 11 State House Station-41 Anthony Avenue, Augusta, Maine 04333, or call The Disability Rights Center, 24 Stone Street, Ste. 204, Augusta Maine 04330, Tel # 1-800-452-1948 (V/TTY).

You may obtain a full copy of the rights from Wabanaki Health and Wellness or from the Department of Health and Human Services, Substance Abuse and Mental Health Services, 11 State House Station-41 Anthony Ave., Augusta, Maine 04333, Tel # (207) 287-8901, TTY Users: Dial 711

**By Signing below I am confirming that I have reviewed the summary of Rights of Recipients of Mental Health Services and a copy is available to me upon request.**

**MEMBER SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**STAFF SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_



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## Expectation for Participation

We ask that our community members to;

- Participate Drug and alcohol free
- Speak and behave in kind, respectful and appropriate ways
- Supervise and ensure safety of children at all times
- Be responsible for cleaning up after yourself
- Be relaxed in the room but not sleeping on couches
- Keeping speaker phones off on cell phones to keep conversations private
- Use computer and phone within time limits of 60 minutes at a time
- Prevent the spread of germs and illness by staying home if sick
- Respect the privacy of others

We understand that conflicts and disagreements may occur from time to time. We will do everything we can to deal with any conflicts' in a way that promotes insight and understanding, while doing our best to work towards the best possible outcome.

Weapons drugs and alcohol are not permitted. Stealing or abusive behavior on any kind will not be tolerated. If community members cannot meet any of these expectations they will be notified of the issue and reminded. If the situation warrants there may be further actions included being asked to leave or being asked not to come back for a period of time.

By signing below you confirm that you have reviewed these guidelines, and have received a copy.

MEMBER SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_