



**WELLNESS COURT PROGRAM  
Participant Wellness Plan**

PARTICIPANT INFORMATION	
<b>Name:</b>	<b>Date of Birth:</b>
<b>Counsel:</b>	<b>Court File #</b>
<b>Program Start Date:</b>	<b>Expected Completion Date:</b>

PARTICIPANT RESPONSIBILITIES	
<b>As a participant of the Wellness Court program, I agree to:</b>	<b>Initial:</b>
Abide by my release conditions to maintain my participation in Wellness Court program.	
Reside where directed by my Case Manager, abide by the rules of that residence, and not change that residence without the prior written permission of my Case Manager.	
Abide by a curfew by remaining in my place of residence between the hours of <b>10pm</b> and <b>6am</b> except with the prior written or otherwise given permission of my Case Manager. I must present myself at the door or answer the telephone during reasonable hours for curfew checks.	
Participate in such assessment, counselling, programming, and treatment as directed by my Case Manager.	
Provide my Case Manager with consents to release information regarding my participation in any assessments, counselling, programming, and treatment that I have been directed to do pursuant to the terms of this order.	
Abstain from the possession or consumption of marijuana and its derivatives, alcohol, and illegal drugs.	
Provide a sample of my breath or urine for the purposes of analysis upon request of my Case Manager. Such a request can be made on a random basis.	
Not attend any bar, tavern, or other commercial premises whose primary purpose is the sale of alcohol.	

CASE MANAGER RESPONSIBILITIES	
<b>As Case Manager, I agree to:</b>	<b>Initial:</b>
Meet with the participant for scheduled reporting appointments and other times as requested.	
Provide information, referrals, and assistance in connecting with resources and services requested and identified to support the participants' access to receiving services and treatment.	
Actively support the participant to address their identified needs through guidance and encouragement to follow through on wellness plan action items.	
Participate in meetings with the participant and other service providers to promote their application for or ongoing access to services.	
Work in partnership with the participant to support them in achieving their short- and long-term goals.	
Modify and reduce participant's above listed responsibilities to their program in accordance with their attitude, behaviour and efforts towards working on their Wellness Plan.	

PARTICIPANT SUPPORT TEAM		
<b>Name:</b>	<b>Relationship:</b>	<b>Contact Information:</b>
	Case Manager, Wellness Court	767-9249
	(Counsellor)	
	(Personal support)	
	(Community support)	

WELLNESS PLAN		
<b>NEEDS:</b>	<b>ACTION:</b>	<b>TIME FRAME:</b>

LONG TERM GOALS

INFORMATION RELEVANT TO THE PARTICIPANT AS AN INDIGENOUS PERSON, THAT HAS IMPACT ON THIS WELLNESS PLAN
<i>Intergenerational trauma, residential school impact, difficulty trusting government/medical/social services due to history of colonization, lack of experience in service engagement as previous supports/services in community, etc.</i>

Signatures	
<b>Participant:</b>	<b>Date:</b>
<b>Case Manager:</b>	<b>Date:</b>
<b>Wellness Court Manager:</b>	<b>Date:</b>

\* This Wellness Court Plan will be updated as required and with progress on identified actions and goals