



HISHUK'ISH TSAWALK

TSESHAHT FIRST NATION NEWSLETTER

VOLUME 4, ISSUE 2

Inside this issue:

PurpleAir Sensors.....	1-2
Youth Education Bus Art Contest.....	3
Patient Travel.....	4
Crisis Support Contacts.....	5
Fun Coloring Sheet – 215.....	6
BGI Reopening Announcement.....	7-8
Engagement Sessions	8-11
Renovation App—Housing.....	12-13

Home Insurance—Housing	14
David Zyrd—Counselling	15
USMA Foster Parents.....	17
Returning to the Circle - Kackaamin...19-23	
COVID Vaccine Clinic.....	27-28

Council Update

Laser Pollution Sensors - PurpleAir

Tseshaht is partnering with Meteorological Services of Canada (MSC), a branch within Environment and Climate Change Canada (ECCC) and the Port Alberni Air Quality Council to place several small sensors in our community to help monitor air quality.

More info is on the following page. We have agreed to have one at Haa-huu-payak and one near Tseshaht Market (NEDC or Market).

All the sensors require is an outdoor plug in (which draws little power) and a good wi-fi connection. These sensors provide useful information to our community for Haa-huu-payak, as the local air quality council has also committed to turn the information into an educational opportunity for our students to learn.

Laser pollution sensors by PurpleAir use laser particle counters that provide an accurate and low-cost way to measure smoke, dust, and other particulate air pollution.

We are looking forward to the information collected from the sensors and how we may use it to better our air quality in the future.



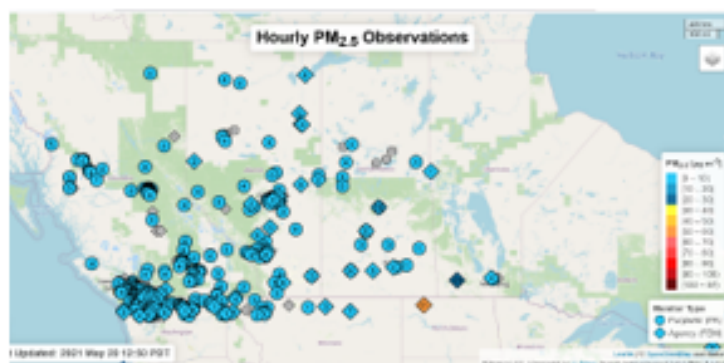
Wildfire season in Canada typically runs from early April to late October. Air Quality from smoke during wildfire seasons can be an issue in many communities across Canada. Wildfire smoke can have an impact on healthy individuals and can have serious health impacts on those with breathing issues such as asthma. At greater risk of these effects are:

- small children
- pregnant women
- elderly
- people with lung or heart conditions
- people involved in strenuous outdoor work or sports

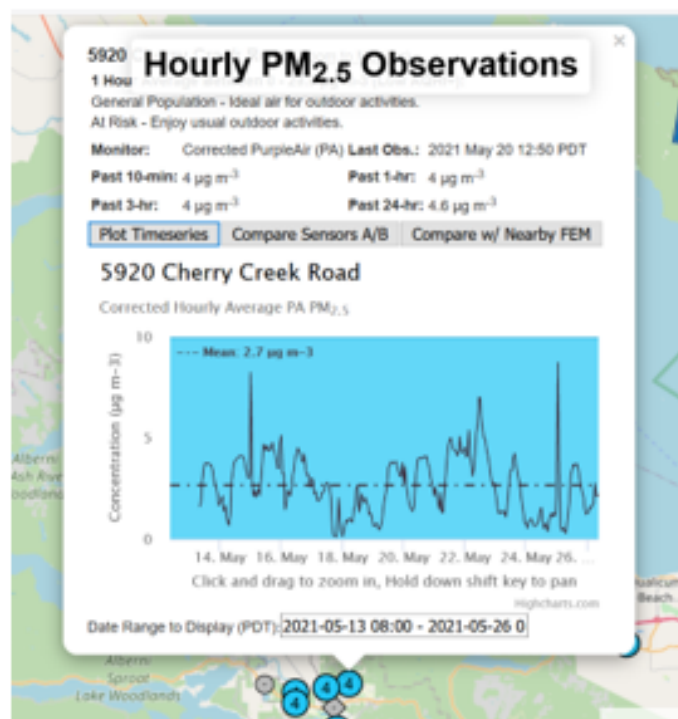


During heavy smoke conditions, all Canadians are at risk regardless of their age or health.

The Meteorological Services of Canada (MSC) within Environment and Climate Change Canada (ECCC) is piloting a project to use low-cost Particulate Matter (PM_{2.5}) sensors in smaller communities to provide real time PM_{2.5} data and information to communities in order to make informed decisions during wildfire smoke events.



<https://cyclone.unbc.ca/aqmap>



The community hosts the sensors and the information from the sensors is available on a public map hosted by the University of Northern British Columbia in collaboration with ECCC-MSC.

Information from a sensor includes concentrations of PM_{2.5} over time with colour coding according to the Air Quality Health Index (AQHI PM_{2.5}) and corresponding health message for the current measurement.

Data from the sensors are used by MSC forecasters and warning preparedness meteorologists to adjust local air quality forecasts and for improved situational awareness during wildfire events. For more information on Wildfire Smoke and your Health visit the following web site:

<https://www.canada.ca/en/environment-climate-change/services/air-quality-health-index/wildfire-smoke/wildfire-smoke-health.html>

TSESHAHT YOUTH EDUCATION BUS ART CONTEST



Are you Tseshaht Youth (5-18 years old)?

Want to have your art displayed where everyone can see it?

**Now accepting art submissions from Tseshaht Youth for our new
Education Bus!**

How to enter:

- **Draw your favorite childhood memory**
- **Art specifications:**
 - Name, Age & Contact Info included with art
 - on a standard piece of paper (8.5"x11")
 - black & white or color
- All submissions can be handed in at the Admin Building or emailed to community@tseshaht.com

Deadline to submit: Tues. June 15, 2021 @ 12 noon

Grand Prize & Age Category Prizes to be announced June 16 @ 3 pm

Age categories (5-6, 7-9, 10-13 & 14-18)

Patient Travel

Effective Immediately Patient Travel Forms Will Not Be Processed Without An Attached Confirmation Form.

No Exceptions.

To submit for Patient Travel please call, email or fax confirmation of appointment along with any other required paperwork. Pick up payments can be made at the office.

Gloria: 250.730.2446

Patient Travel Fax: 778.419.2725



WHAT KIND OF COMMUNICATIONS CAN YOU EXPECT TO RECEIVE?

- ◆ Newsletters
- ◆ Urgent Bulletins
- ◆ Community Engagement/Meeting Notices
- ◆ Community Events Information
- ◆ & More!

We are looking for better ways to communicate with Tseshaht Membership.

Would you be interested in hearing from us via email? phone? please let us know what works best for you!

Name: _____ Phone: _____

Email: _____ Status #: _____

Please note that all communication is in adherence with Canadian Anti Spam Legislation (CASL). By giving your email you are giving your express consent to receive electronic messages from Tseshaht First Nation. There is no time limit for this consent, however you may withdraw your consent at anytime by emailing community@tseshaht.com

For more information on CASL please see www.fightspam.gc.ca

If you or someone you know is struggling with the recent news from Tkemlúps te Secwépemc territory and the Kamloops Indian Residential School, help is available

National Indian Residential School Crisis Line:

1-866-925-4419 | This line has been set up to provide support, including emotional and crisis referral, for former Residential School students.

Funded therapy for anyone connected to residential school:

Virginia Toulouse
Specialist Mental Wellness Program
1-604-693-3258 or virginia.toulouse@fnha.ca
FNHA Indian Residential Schools Info Line:
1-877-477-0775

Kuu-us Crisis Line

If you or someone you know is in crisis, call KUU-US Crisis Line.

Adult/Elder line: 250-723-4050
Child/Youth line: 250-723-2040
or Toll Free 1-800-588-8717 (1-800-KUU-US-17)
A place to trust, talk and feel.

Quu'asa

Office: 250-724-3939
Toll-Free: 1-888-624-3939

Linda Pelech, Clinical Counsellor

250-242-0114
clinicalcounsellor@tseshaht.com

Gail K Gus, Crisis Care and Wellness Coordinator

250-731-6699
Gkgus@tseshaht.com

Call the toll-free Help Line at 1-855-242-3310, 24 hours a day, 7 days a week. The Hope for Wellness Help Line offers immediate mental health counselling and crisis intervention to all Indigenous peoples across Canada.





Every child matters.



Parcs
Canada

Parks
Canada



Information Bulletin

BROKEN GROUP ISLANDS IN PACIFIC RIM NATIONAL PARK RESERVE REOPENING TO VISITORS IN JUNE 2021

May 26, 2021– Parks Canada, in collaboration with the Tseshaht First Nation, Toquaht Nation, Hupačasath First Nation, and the Uchucklesaht Tribe are pleased to announce the re-opening of the Broken Group Islands for the 2021 visitor season with measures in place to protect the health of remote communities, Indigenous Guardians (Beachkeepers), visitors, and Parks Canada employees.

The Broken Group Islands will be open to overnight visitors from June 4 to September 30 in 2021, as provincial health guidelines allow. Reservations will open on May 31, 2021 at 8am PDT. Campers can book their adventure by visiting reservation.pc.gc.ca or by calling 1-877-RESERVE (1-877-737-3783). Please check BC [provincial travel restrictions](#) (in place until at least June 15) in advance of making reservations; those whose plans do not respect the current travel restrictions will be asked to cancel their reservations. Camping availability will be reduced in 2021, and advance reservations are required (no overnight guests without advanced reservations will be allowed). The Broken Group Islands are only accessible by boat/kayak.

Due to Covid-19 restrictions, visitors should not expect the same experience as in previous years. Before visiting, plan ahead by researching the availability of access points, travel restrictions, and community protocols. Visitors are also asked to learn in advance whether First Nations villages are welcoming visitors prior to arrival.

Visitors should note the following:

- Parks Canada and local First Nations are asking visitors to limit the risk of COVID-19 transmission by paying attention to local signs and community protocols, and following the guidelines of public health experts, including travel restrictions.
- Every overnight guest will be required to complete a mandatory self-assessment before travelling to the area (within 72 hours of their scheduled arrival),
- Secret Beach Campground Marina and Kayak Launch, in the Toquaht Nation Treaty Settlement lands, will remain closed until further notice. Launching for trips into the Broken Group Islands will not be possible from here. Please respect Toquaht Nation's efforts to protect the health and safety of their employees and community.
- The Toquaht Nation community of Macoah is currently closed to non-residents. The Toquaht Nation looks forward to welcoming visitors again at a future date.
- Within the Broken Group Islands Nettle, Keith, Effingham and Benson islands are closed to visitors until further notice, to protect the health and safety of the local community.
- Access by [Lady Rose Marine Services](#) is not available to visitors until further notice.

Detailed information and future updates on overnight experiences in Pacific Rim National Park Reserve can be found online at pc.gc.ca/PacificRim.

-30-

Information:

Emma Badgery
Communications Officer
Coastal BC – Parks Canada
emma.badgery@canada.ca

Wahmeesh (Ken Watts)
Elected Chief Councillor
Tseshah First Nation
Cell: 250-720-6100
Email: kwatts@tseshaht.com

COMMUNITY ENGAGEMENT

POTENTIAL ECONOMIC DEVELOPMENT LANDS REPORT

DATE | June 10, 2021

TIME | 6:00 PM

HOW TO JOIN | Register to attend by Zoom

<https://tseshaht.zoom.us/meeting/register/tZIkf-2oqzopHtH66MBqJ2n5iW3yShVw3DOr>

After registering, you will receive a confirmation email containing information about joining the meeting.

Ensure to join with your legal first and last name when signing in or you will not be granted entry to the Zoom meeting

OTHER DETAILS

Join Tseshah consultants from Urban Systems as they report out on a predevelopment project looking at geotechnical, environment, and other pre-feasibility work on several prime economic development lands for Tseshah



Tseshaht members only

INFORMATION SESSION

COMMUNITY ENGAGEMENT

POTENTIAL ECONOMIC DEVELOPMENT INVESTMENT

DATE | June 24, 2021

TIME | 6:00 PM

HOW TO JOIN | Register to attend by Zoom

<https://tseshaht.zoom.us/meeting/register/tZEkcOqpqDsoGNOboUlvNs0SLn8hLHnPPoJl>

After registering, you will receive a confirmation email containing information about joining the meeting.

Ensure to join with your legal first and last name when signing in or you will not be granted entry to the Zoom meeting

OTHER DETAILS | Join IFS Collective to learn about potential economic development investment and partnership opportunities



Tseshaht members only

INFORMATION SESSION

COMMUNITY ENGAGEMENT

NETP & NEDC SERVICES TO MEMBERS

DATE | July 8, 2021

TIME | 6:00 PM

HOW TO JOIN | Register to attend by Zoom

<https://tseshaht.zoom.us/meeting/register/tZYvd-mrqTloGNaW7aJ-CwDKArz4CJ9foJnH>

After registering, you will receive a confirmation email containing information about joining the meeting.

Ensure to join with your legal first and last name when signing in or you will not be granted entry to the Zoom meeting

OTHER DETAILS | Join NETP and NEDC to learn about the services they offer to members including pre-employment supports



Tseshaht members only

INFORMATION SESSION

COMMUNITY ENGAGEMENT

BEST PRACTICES: SUCCESSFUL FIRST NATIONS

DATE | July 22, 2021

TIME | 6:00 PM

HOW TO JOIN | Register to attend by Zoom

https://tseshaht.zoom.us/meeting/register/tZYlcOyvqj0sGNOUeZt1uTZ11X_o-SqxrVu-

After registering, you will receive a confirmation email containing information about joining the meeting.

Ensure to join with your legal first and last name when signing in or you will not be granted entry to the Zoom meeting

OTHER DETAILS | Join the discussion to learn and talk about best practices utilized by successful First Nations



Tseshaht members only

INFORMATION SESSION



Tseshah First Nation

Individual Housing

Government Funded

Renovation Request Form

Name: _____ Date: _____ Age: _____

Address: _____ Postal Code: _____







Status #: _____ Phone: _____

Email: _____ Cell: _____

The Housing Department works cooperatively to assist members in completing government funding renovation request forms and notifying members when their homes have been prioritized. Funding assistance availability can vary each year, there are no guarantees.

Process: There is a very specific process involved in applying for and being funded for housing project renovations. Tseshah First Nation bases government funded renovation program application allocation on a **needs assessment application process** (a fairness based process used to determine priorities and allocate resources, determining need). **Request will be prioritised by the Housing Committee using a blind selection process.** Individual Homeowners interested in applying must submit request form to the Housing Department to request for support in applying for government funded application opportunities with Canada Mortgage and Housing Corporation (RRAP, HASI, ERP) and Indigenous Services Canada (regular renovations and health/safety) to the Housing Department. **A homeowner equity contribution may be a requirement with government renovation funding assistance programs.** The Housing Department will manage the **renovation request list** and communicate available opportunities once your home is selected.

There is a very specific process and requirements for each renovation funding assistance opportunity. Some of the basic criteria to consider is:

-  Homeowner must be in good standing.
-  Home must be the primary residence.
-  Home must be at least 10 years old?
-  Must supply proof of ownership (BCR).
-  For CMHC renovation programs your annual income must meet or be below the criteria that CMHC sets each year.
-  Has your home received renovations in the past 10 to 15 years?

Please complete and input all information		
What is the age of the home?		
How long has the home been your primary residence?		
Are there any existing health and safety concerns?		
Are there any structural concerns? (leaking roof, foundation issues)		
What are some of the general concerns?		
Has the home received a health or building inspection in the past? (Participating in home inspections is a requirement of funding applications.)		
Have you received renovations in the past? (If so, how long ago)		
Annual Household Income: (must be willing to submit verification of income once home is blindly selected)		
Additional Comments:		

I/we the homeowner understand Tseshaht First Nation does not make guarantees to government funding availability, eligibility or application calls. I understand it may be required to contribute equity towards renovation.

Homeowner Name: _____ Signature: _____ Date: _____

Housing Department: _____ Signature: _____



Home Insurance Information

Individual Home Owners

Individual homeowners who hold a mortgage guaranteed by the band are required to maintain home protection insurance on the dwelling while they are the registered owners and occupants. Mortgage holders are requested to submit home insurance documents to the Housing Department annually. Individual home owners who do not carry a mortgage are responsible to obtain their own individual house insurance; we recommend all individual home owners to protect their home and contents with insurance.

Tseshaht Elders 65+

Where a member of Tseshaht First Nation is 65+ years old Tseshaht will cover the cost of insurance of the structure of the primary residence. Elders are responsible for obtaining insurance policies and submitting invoices to the Housing Manager to process payment.

Social Housing & Band-Owned Homes

Where a member resides in a social housing Tseshaht First Nation is responsible for obtaining and paying for structural house insurance on all social housing units and band-owned homes. Members who reside in social housing or band-owned homes are responsible for obtaining content insurance to cover the loss of personal belongings. The cost of personal insurance is the responsibility of the tenant. Tseshaht First Nation is not responsible for replacing tenants' personal belongings.

Dave Zryd
Clinical Counsellor



June 2021

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
	1 Quu Asa	2 Pachena	3 Quu Asa	4 Quu Asa
7 Quu Asa	8 Quu Asa	9 Pachena	10 Quu Asa	11 Quu Asa
14 Off Howard covering 720-1622	15 Off Arianna covering 735-7730	16 Off Arianna covering	17 Off Arianna covering	18 Off Howard covering
21 Quu Asa	22 Quu Asa	23 Pachena	24 Quu Asa	25 Quu Asa
28 Quu Asa	29 Quu Asa	30 Pachena		**NOTE: SUBJECT TO CHANGE**

NTC ---Southern Region Teechuktl Mental Health Coordinator Ruby Ambrose 250-724-3939

Email: david.zryd@nuuchahnulth.org Cell: 250-720-5999
Howard 250-720-1622 Arianna 250-735-7730
Phone #: 250-724-3939
Fax #: 250-724-3996

You are Invited!

Please join us by Zoom for:

Usma Family & Child Services Info Session

June 15th – 11:00am

Zoom Registration Information:

Foster Parent Information Session Zoom

Go to <https://zoom.us/join>

Enter Meeting ID: 937 3883 1999

Password: 549452


We hope to see you there!



Become a Foster Parent!

Call today or Toll Free 1-877-722-3232 or Usma Office 250-724-3232

www.usmafosterhomes.ca



**“My past is not who I am.
What happened to me is not
my identity,
I am not my behaviours.
I am the pure spirit knitted by
the Creator.
My identity is in my ancestors,
my culture and my faith in
who I know I was created to
be.
I am Unique.
I am me.”
–Unknown**

“Hey everyone I am still here!”

Youth Outreach & Counselling with Linda Pelech

Online: <https://doxy.me/lindapelech>

Phone: 250.720.3091

When: 5:00pm-12:00 midnight

Who: Any Youth or Adult

Wednesdays - Sundays

Returning to the Circle ~ Grandmothers Aunties & Caregivers Program Application Package

We are pleased to be a part of your healing journey.

Returning to the Circle ~ Grandmothers, Aunties & Caregivers Application Package

“Returning to the Circle”- Grandmothers, Aunties and Caregivers-July 18-28, 2021

COST: FREE

This ten-day program will explore the traditional Indigenous roles of Women in our families and communities. Programming will address multi-generational trauma stemming from the Residential School Legacy. This program will offer a safe space to begin looking at delayed grief and specific traumas (the roots of addiction) through experiential and cognitive processes using culturally relevant approaches.

Participants are asked to refrain from any and all drug and alcohol use during programming. Healing will be based on Traditional culture and ceremony- participants' need to have a clear mind and spirit to connect with the Creator and Ancestors.

All those participating in, “Returning to the Circle” ~ Grandmothers, Aunties and Caregivers, will be sharing their accommodations with others if one has received the COVID-19 vaccine. Kackaamin has 2 bedroom, 3 bedroom, 4 bedroom, 5 bedroom and wheel chair accessible townhouse units. Each unit has one queen bed, and depending on the other units they have twin beds, with bathrooms and full kitchens.

Participants will be confirmed once applications are reviewed by our clinical intake committee.

CELL PHONE USE DURING PROGRAMMING WILL NOT BE TOLERATED.

Please note we are not accepting children or youth for this program due to healing demands of heavy programming, need for self-care of participants and COVID-19.

Kackaamin Family Development Centre Program Guidelines

- Clients must have a minimum 3 weeks of abstinence from any previously misuse substance.
- Smoking is allowed in the designated smoking areas
- Clients are responsible for their own travel arrangements to and from the center
- Arrival time on intake day is between 12:00 pm – 5:00 pm

Please connect with Intake Coordinator, Jenni Chase, at 250-723-7789 or jenni.c@kackaamin.org for appropriate applications for summer programming, and for any questions or concerns related to programming application requirements.

Grandmother's Aunties & Caregivers Application for 2021

PLEASE PRINT CLEARLY

IDENTIFYING INFORMATION

LAST NAME		FIRST NAME		KNOWN AS	
DATE OF BIRTH (YYYY MON DD)		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	TELEPHONE		EMAIL
ADDRESS			CITY	PROVINCE	POSTAL CODE
ABORIGINAL ANCESTRY		BAND NAME			ON RESERVE <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> YES <input type="checkbox"/> NO					
CARE CARD NUMBER			STATUS NUMBER (10 DIGIT NUMBER)		

PERSONAL HISTORY

EMPLOYMENT STATUS		MARITAL STATUS:	
<input type="checkbox"/> WORKING <input type="checkbox"/> S.A. <input type="checkbox"/> E.I.C. <input type="checkbox"/> OTHER		<input type="checkbox"/> SINGLE <input type="checkbox"/> COMMON-LAW <input type="checkbox"/> SEPERATED <input type="checkbox"/> DIVORCED	
Are you a survivor of Residential School? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Are you a survivor of a Day School Program? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Are you an Intergenerational Survivor of Residential/ Day School? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Substance Use History- Please Indicate Drugs of Choice and Date of Last Use: (We are collecting this information for program development and client safety while here)			
<input type="checkbox"/> ALCOHOL	<input type="checkbox"/> NON- PRESCRIPTION DRUGS	<input type="checkbox"/> PRESCRIPTION DRUGS	<input type="checkbox"/> INHALANTS
Date of Last Use:	Date of Last Use:		
ii) Abuse Pattern <input type="checkbox"/> DAILY <input type="checkbox"/> MOSTLY WEEK-ENDS <input type="checkbox"/> BINGE			

EMERGENCY CONTACT INFORMATION

EMERGENCY CONTACT SURNAME	EMERGENCY CONTACT FIRST NAME	RELATIONSHIP
TELEPHONE	EMAIL	CITY OF RESIDENCE

INFORMATION

Do you have physical limitations that prevent you from doing recreational or cultural activities	<input type="checkbox"/> YES <input type="checkbox"/> NO	Do you require a wheel chair accessible unit?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have any allergies (food, insect, medications) we need to be aware of		Please explain	
I understand and accept I will be placed in shared accommodation	<input type="checkbox"/> YES <input type="checkbox"/> NO	I am committed to complete a structured program process focused on my wellness	<input type="checkbox"/> YES <input type="checkbox"/> NO
I am willing to be involved in all types of intensive activities?	<input type="checkbox"/> YES <input type="checkbox"/> NO	I am willing to participate in First Nations Treatment program components such as sweat lodge, daily smudge, pipe and other cultural ceremonies?	<input type="checkbox"/> YES <input type="checkbox"/> NO
I am willing to put aside all external distractions while in the journey to the wellness program	<input type="checkbox"/> YES <input type="checkbox"/> NO	Have you received the COVID-19 Vaccine?	<input type="checkbox"/> YES <input type="checkbox"/> NO

TREATMENT NEEDS

Have you engaged in healing programs (healing circle, cultural practice, etc.)?:

Trauma

Please note any recent or past traumatic events you feel comfortable disclosing at this time.

Specific Treatment

Please note any specific goals or needs (i.e. spiritual, mental, emotional, physical) that you have for treatment.

Specific Needs

Please note any special needs, physical limitations, or other concerns you may have at our Centre.

HEALTH HISTORY

LAST NAME

FIRST NAME

CARE CARD NUMBER

STATUS NUMBER (10 digit number)

Are you currently or have you ever been treated for any of the following? (Check All That Apply, or Non-Applicable)

- | | |
|---|--|
| <input type="radio"/> Asthma | <input type="radio"/> Varicose veins |
| <input type="radio"/> Bleeding disorder | <input type="radio"/> Pacemaker |
| <input type="radio"/> High Blood Pressure | <input type="radio"/> Musculoskeletal Problems |
| <input type="radio"/> Low Blood Pressure | <input type="radio"/> Cancer |
| <input type="radio"/> Headaches | <input type="radio"/> Pregnancy |
| <input type="radio"/> Diabetes | <input type="radio"/> Stroke |
| <input type="radio"/> Epilepsy | <input type="radio"/> Gastro-Intestinal Problems |
| <input type="radio"/> Heart Disease | <input type="radio"/> Hemophilia |
| <input type="radio"/> Arthritis | <input type="radio"/> Other (please specify): |

TUBERCULOSIS ~ TB results must be attached

(The patient must have had a T.B. Test in the last 12 months)

DORMANT

DATE

NOTE: If the skin test is positive and the results measure larger than 10mm, a subsequent TB chest X-ray must be performed.

List all medications you are currently taking, include over-the-counter drugs and herbal supplements

MEDICATION NAME	CURRENT DOSE	TAKING SINE	PATIENT INITIALS	DATE FINISHED

Acknowledgment

I understand I am providing the following confidential medical information for my personal safety while at Kackaamin Family Development Centre, in case of a medical emergency

CLIENT SIGNATURE

DATE

REFFERAL WORKER NAME

REFFERAL WORKER PHONE:

REFFERAL WORKER SIGNATURE

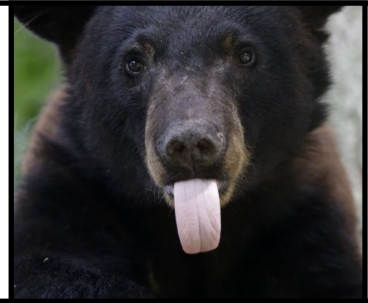
DATE

Reminder to everyone:

Be wildlife aware!

If you encounter wildlife, please get to a safe place, being as loud as possible. Then call:

Conservation at 1-877-952-7277



Gas leaks and Odour

SMELL ROTTEN EGG? IT COULD BE A GAS LEAK.

You can't see or taste natural gas but you sure can smell it! And for good reason. There is an added harmless odorant called mercaptan to it so you can smell the natural gas in the rare event of leak. You may also hear a hissing sound coming from a natural gas appliance if there's a leak. If you smell it, **ACT FAST** by doing the following:

1. **Stop what you're doing.** Don't use your cellphone or landline, don't smoke, light matches or operate electrical switches or create any other source of ignition.
2. **Go outside.** As you exit, leave the door open behind you as well as any windows that may already be open.
3. **Call Fortis BC.** Once outside, call the Fortis BC Emergency Line at 1-800-663-9911 (24 hours) or 911

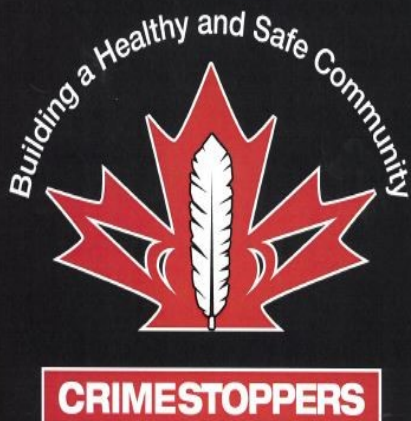
TAX EXEMPT

HYDRO, TELEPHONE, OR CABLE

Your Hydro, Telephone or Cable are tax exempt if you live in the Tseshah First Nation Community and have a status number.

Leave a copy of your status Card, Hydro, TELUS or Cable (Shaw etc.) at the Admin Office and a letter will be sent to the provider to remove the tax.

Please contact our Membership Clerk at 250.724.1225 if you require further information.



**We want your information
– not your name!**



1-800-222-TIPS (8477)



bccrimestoppers.com





Recycle *right* at the curb

YES! Recycle these at the curb



MIXED PAPER



EMPTY AEROSOL CANS
NO HAZARDOUS MATERIALS



CARDBOARD
& BOXBOARD



PAPER BEVERAGE
CUPS & LIDS



TIN & ALUMINUM
CONTAINERS/FOIL



PAPER PACKAGING
THAT CONTAINED
LIQUIDS



PLASTIC BOTTLES,
CONTAINERS
& TUBS <25L



PLASTIC GARDEN
PLANT POTS & TRAYS

Recycling tips

- Place recyclables into totes loose;
do not bag materials

*Exception: shredded paper must
be contained in a clear plastic bag
or paper bag

- Ensure recyclables are clean

- Remove all caps, lids and spray
nozzles. Plastic caps and lids
can go in the tote once separated

- Place tote at the curb by 7:00 am
on your collection day

- Flatten containers as much
as possible to save space

- Ensure all items fit securely
in the tote. Ensure light items are
weighted down

- No hazardous materials

NOT at the curb! Bring to 3rd!

These items can be recycled at the 3rd Ave. Recycling Depot or the AV
Landfill Recycling Depot



PLASTIC BAGS &
OVERWRAP*



GLASS JARS &
CONTAINERS*



STYROFOAM*

Recycling locations for other items

Electronics (TVs, computers, printers) - 3rd Ave. Recycle Depot, 3620 3rd Ave.
and the Bottle Depot, 3533 4th Ave.

Small Appliances & Power Tools - 3rd Ave. Recycle Depot, 3620 3rd Ave.

Residential/Household Paint, Flammable Liquids, Pesticides or Gasoline - 3rd Ave.
Recycle Depot, 3620 3rd Ave.

Lights, Lamps, Ballasts and Fixtures - 3rd Ave. Recycle Depot, 3620 3rd Ave.

Donate textile items to the *Diabetes Canada Clothesline* at
the Drop Box located at the 3rd Ave. Recycle Depot.

Clothesline accepts: Gently used clothing, bedding, sleeping
bags, belts, ties, handbags, yarn, blankets, drapes, jewelry,
hats, pillows, shoes and all footwear.



**Reminder- Please Do Not Put Plastic Bags and
Overwrap in your curbside tote.
(Bring them to the Recycle Depots)**

Not sure what goes in your recycling tote?

ACRD: 250-720-2700

WEB: www.recyclinginbc.ca

EMAIL:

recycling@acrd.bc.ca

Don't bag your curbside recycling

Why? Bagged recyclables can't be sorted by automated
machines and end up in the landfill. Keep recyclables
loose in your curbside tote and take plastic bags to the
recycling centre. **Learn to recycle right at the curb.**



For a complete list of what can be recycled and where, visit www.acrd.bc.ca/recycling-directory



May 2020 to April 2021 Tseshaht FN

Note: Your Recycling Pickup Day is shown shaded in BLUE

MAY						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

JUNE						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

JULY						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

AUGUST						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

SEPTEMBER						
S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

OCTOBER						
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

NOVEMBER						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

DECEMBER						
S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

JANUARY						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

FEBRUARY						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28						


MARCH						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

APRIL						
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	


For more information on what can be put in your curbside recycling bins visit www.recyclinginbc.ca

PLEASE ENSURE THAT YOUR RECYCLABLES ARE CLEAN WHEN PUT OUT FOR RECYCLING

For service inquiries contact Waste Management @ 1-800-774-9748

 Recycling Pick-Up Day

RECYCLING BLUE BOX IS TO BE PLACED AT THE CURB BEFORE **7:00 am** ON COLLECTION DAY

 Statutory Holidays

If a Statutory Holiday falls on a Monday, pick-up will happen the following day
regular pick-up day



RECYCLEBC™



ALBERNI-CLAYOQUOT
REGIONAL DISTRICT

2021

Tseshaht Garbage Pick-up



Regular Pick-up							Holiday Pick-up						
JANUARY							FEBRUARY						
S	M	T	W	T	F	S	S	M	T	W	T	F	S
					1	2	31	1	2	3	4	5	6
3	4	5	6	7	8	9	7	8	9	10	11	12	13
10	11	12	13	14	15	16	14	15	16	17	18	19	20
17	18	19	20	21	22	23	21	22	23	24	25	26	27
24	25	26	27	28	29	30	28						
MARCH													
S	M	T	W	T	F	S							
	1	2	3	4	5	6							
7	8	9	10	11	12	13							
14	15	16	17	18	19	20							
21	22	23	24	25	26	27							
28	29	30	31										
APRIL							MAY						
S	M	T	W	T	F	S	S	M	T	W	T	F	S
				1	2	3							1
4	5	6	7	8	9	10	2	3	4	5	6	7	8
11	12	13	14	15	16	17	9	10	11	12	13	14	15
18	19	20	21	22	23	24	16	17	18	19	20	21	22
25	26	27	28	29	30		23	24	25	26	27	28	29
JUNE													
S	M	T	W	T	F	S							
30	31	1	2	3	4	5							
6	7	8	9	10	11	12							
13	14	15	16	17	18	19							
20	21	22	23	24	25	26							
27	28	29	30										
JULY							AUGUST						
S	M	T	W	T	F	S	S	M	T	W	T	F	S
				1	2	3	1	2	3	4	5	6	7
4	5	6	7	8	9	10	8	9	10	11	12	13	14
11	12	13	14	15	16	17	15	16	17	18	19	20	21
18	19	20	21	22	23	24	22	23	24	25	26	27	28
25	26	27	28	29	30	31	29	30	31				
SEPTEMBER													
S	M	T	W	T	F	S							
			1	2	3	4							
5	6	7	8	9	10	11							
12	13	14	15	16	17	18							
19	20	21	22	23	24	25							
26	27	28	29	30									
OCTOBER							NOVEMBER						
S	M	T	W	T	F	S	S	M	T	W	T	F	S
					1	2	31	1	2	3	4	5	6
3	4	5	6	7	8	9	7	8	9	10	11	12	13
10	11	12	13	14	15	16	14	15	16	17	18	19	20
17	18	19	20	21	22	23	21	22	23	24	25	26	27
24	25	26	27	28	29	30	28	29	30				
DECEMBER													
S	M	T	W	T	F	S							
			1	2	3	4							
5	6	7	8	9	10	11							
12	13	14	15	16	17	18							
19	20	21	22	23	24	25							
26	27	28	29	30	31								

CONNECT WITH US!



TSESHAHT FIRST NATION
 5091 Tsuma-as Drive
 Port Alberni, BC V9Y 8X9
 T: 250.724.1225
 F: 250.724.4385


www.Tseshaht.com


Tseshaht First Nation


[tseshaht_first_nation](https://www.instagram.com/tseshaht_first_nation)

TSESHAHT COVID-19 VACCINE CLINIC

**TUESDAY & WEDNESDAY
JUNE 15 & 16 | 11am-6pm
MAHT MAHS GYMNASIUM
TSESHAHT MEMBERS**

Tuesday June 15, 2021:

11:00 am - 1:00 pm
Tseshahat Elders 60+

1:00 pm - 6:00 pm
Open to all Tseshahat Members 12+

11:00 am - 6:00 pm
Open to all Tseshahat Youth 12-17

Wednesday June 16, 2021:

11:00 am - 1:00 pm
Tseshahat Elders 60+

1:00 pm - 6:00 pm
Open to all Tseshahat Members 12+

1:00 pm - 6:00 pm
Open to all Tseshahat Members 12+



Tseshahat Members looking to book an appointment please call 250.731.1211 (leave a message with contact info to reach you)

**Indigenous persons 12+ outside of Port Alberni, please contact your local health authority.
Island Health Region - 1.833.348.4787**

Masks will be mandatory through the entire clinic. Remember to stay physically distant from others. Please note we are working to include as many indigenous persons 12+ and their households as possible.

COVID-19 Immunization Entry Form

For use with ImmsBC and eForm

Form to document vaccine administration and during downtime procedures.

* Indicates required field.

Optional:
Place Client Label Here

Identification (Check-In)				Completed By (Print Name):	
*Appointment Date (YYYY/MM/DD)		*Appointment Time		Confirmation Code (ImmsBC)	
*Clinic Name		*Clinic Location (Address)			
*Legal First Name	Middle Name	*Legal Last Name	*Date of Birth (YYYY/MM/DD)	*Sex <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Unknown (X) <input type="checkbox"/> Undifferentiated	
**BC PHN (If unknown, phone AND address are required)		PHN creation reason: <input type="checkbox"/> Out of BC/Canada <input type="checkbox"/> International Student <input type="checkbox"/> No Previous Service <input type="checkbox"/> See comment box below		**If PHN is unknown verify identity with Government issued ID. <input type="checkbox"/> Yes Previous known address:	
Address		City	Province <input type="checkbox"/> BC	Country <input type="checkbox"/> Canada	
			Postal / Zip *		
Contact Method: <input type="checkbox"/> Email <input type="checkbox"/> Text <input type="checkbox"/> Call		Primary Phone #		Email	
Indigenous Person? <input type="checkbox"/> Yes (select all that apply) <input type="checkbox"/> First Nations <input type="checkbox"/> Inuit <input type="checkbox"/> Metis <input type="checkbox"/> Unknown		First Nation Reserve Name (if applicable):			
Clinically Extremely Vulnerable (CEV)? <input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No		Accommodation Needs (translator, disability, assistance)			
Reason for Vaccine Deferral (if applicable)				Completed By (Print Name):	
<input type="checkbox"/> Vaccine supply issue <input type="checkbox"/> Left without seeing clinician <input type="checkbox"/> Client/Parent/Guardian Request <input type="checkbox"/> Referred to doctor <input type="checkbox"/> Allergy testing required <input type="checkbox"/> Immunization not given on clinical recommendation Specify:					
Vaccine Administration				Completed By (Print Name):	
Consent for Series Obtained From <input type="checkbox"/> Client <input type="checkbox"/> Substitute Decision Maker (SDM)		Name of Person Giving Consent:		Consent Type (if obtained by SDM) <input type="checkbox"/> In Person <input type="checkbox"/> Telephone <input type="checkbox"/> Written	
*Provider First Name	*Provider Last Name	Provider Designation <input type="checkbox"/> RN <input type="checkbox"/> Pharmacist <input type="checkbox"/> MD <input type="checkbox"/> LPN <input type="checkbox"/> Other:			
*Reason for Immunization:					
Resident at <input type="checkbox"/> Assisted Living <input type="checkbox"/> Long Term Care		Essential Service Staff: <input type="checkbox"/> Assisted Living (AL) <input type="checkbox"/> Long Term Care (LTC)		General <input type="checkbox"/> Community <input type="checkbox"/> Physician <input type="checkbox"/> Pandemic Priority Population <input type="checkbox"/> Hospital	
*Date Administered (YYYY/MM/DD)		*Time Administered			
Injection Site <input type="checkbox"/> Arm - Left Deltoid <input type="checkbox"/> Arm - Right Deltoid <input type="checkbox"/> Other:	Dosage: mL *Route: Intramuscular (IM)	Manufacturer and Trade Name: <input type="checkbox"/> Moderna mRNA-1273 <input type="checkbox"/> Pfizer mRNA BNT162b2 <input type="checkbox"/> AstraZeneca ChAdOx1-S <input type="checkbox"/> Verity Pharmaceuticals COVISHIELD		*Lot # Lot # Expiry Date	
After-Care (if applicable)				Completed By (Print Name):	
Intervention Necessary? <input type="checkbox"/> Yes		Medical Intervention Comments			
Additional Comments					
Entered into: <input type="checkbox"/> ImmsBC <input type="checkbox"/> COVID-19 Immunization eForm <input type="checkbox"/> PIR (Panorama) (Use only ONE system to enter the immunization into)					
This document must be kept for audit purposes and may become part of the client record DO NOT DESTROY.					