

FILE CLOSED

File Number - Dossier numéro

E - 6610 - 2 - 310

Subject - Sujet

Volume No. - Volume n°

From - De	To - A
1/84	NOV. 28/95

REHABILITATION - DRUG AND ALCOHOL ABUSE
- GRAND RAPIDS

VI
FR
TC

→ E-6610-2-370
MANITOBA REED

DATE: Nov 26th/85

TO: Jim Miller
DIAND

639827

COMMENTS:
As per your request & advice

FROM: N. Meade
Dept.: Northern Affairs
Branch:
Address:

INAC
MANITOBA
REGION

Nov 28 11 21 AM '85

I did speak with Gordon Dick
this AM (Nov 26th). He said he
would be contacting you.
I sure hope something can be
be worked out in terms of
financial assistance to the
project. Thanks Jim & Merry
Xmas

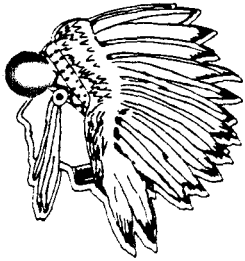
Telephone: 945-2536

- | | |
|---------------------------------------------------------------|-----------------------------------------------------|
| <input type="radio"/> Take action | <input type="radio"/> Circulate |
| <input type="radio"/> Per your request | <input type="radio"/> See me re attached |
| <input type="radio"/> Call me on this matter | <input type="radio"/> For your information |
| <input type="radio"/> Investigate and report | <input type="radio"/> Supply data for my reply |
| <input type="radio"/> For your revision or approval | <input type="radio"/> Reply direct with copy to me |
| <input type="radio"/> Return with comments or recommendations | <input type="radio"/> Draft reply for signature of: |

MG-1298 (Transmittal/Route Slip)

Jim the Board sets its priorities.

PS-1-182



GRAND RAPIDS INDIAN BAND

GRAND RAPIDS, MANITOBA
R0C 1E0

TELEPHONE
(204) 639-2219

FILE No. _____

CHIEF ALICE T. COOK
COUNCILLOR WILLIAM BALLANTYNE
COUNCILLOR SOLOMON BALLANTYNE
COUNCILLOR YVONNE BALLANTYNE

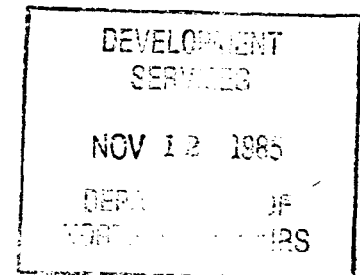
*Approved
Indian Affairs*

To Norman Mead:

GRAND RAPIDS DROP IN CENTER

The community leaders have expressed their concerns regarding the problems that the students are having in the community of Grand Rapids. The sponsoring group includes:

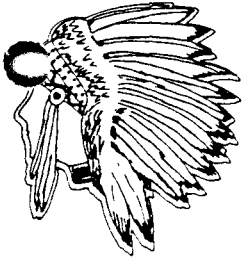
- a) Mayor and Council
- b) Chief and Council
- c) Grand Rapids School
- d) R.C.M.P.
- e) Churches
- f) Concerned Parents
- g) Student Council
- h) Probation Services
- i) Awasis Agency
- j) Social Services
- k) NADAP
- l) Justice Committee
- m) Education & Guidance Counsellor
- n) Recreation Committee



This committee was formed due to the high number of minor offences committed by the students after school hours. There was also a number of students who approached the committee and asked if there was any thing that can be done to divert this situation into a positive atmosphere. T

The offences committed were mostly related to alcohol and drugs. This was due to the students having no place to go to in the evenings. From the meetings that were held a Drop-In Centre was considered. From this committee certain people were assigned to accomplish this idea including the students themselves.

The LGD has donated a building for a Drop-In Centre. The Students themselves would do the renovations and come up with a reasonable list of equipment as to what they themselves would like to see in the Drop-In Centre. By doing this students would take good care of the building.



GRAND RAPIDS INDIAN BAND

GRAND RAPIDS, MANITOBA
R0C 1E0

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/2

There are a number of committees in Grand Rapids and each committee will assign a responsible adult for supervision.

The short term objective is to divert the situation as to the problems of the students. This would include films, talking to them about alcohol, drugs and changing negative attitudes into positive ones.

Long term would be maintaining these ideas. With the parents included the students would show a more positive attitude to their parents and better communications with others.

The cost would include repairs in the building, painting and buying equipment for the students. The estimated cost would be approximately five thousand dollars. If we were to get fifteen hundred dollars from Northern affairs this would be good start. We then would raise monies during the year unless we could get more monies elsewhere.

I realize this objective cannot be done overnite but this idea would result into a better atmosphere in due time.

Thank you for considering this request for funding for the Drop- Inn Centre.

I await for your reply.

Yours respectfully

Gordon Dick
Gordon Dick

28/11/68
with discussion
this date. Repairs
& equipment costs have been
revised - \$78,000
He was not happy
with the idea of an
allocation before we
had seen his proposal but
will discuss with chief.
Apparently this is what the
chief planned to use the
allocation for when talking
to Fed. Gov. back next
week.

PA E 6610-2-210

1100 - 275 Portage Avenue
WINNIPEG, Manitoba
R3B 3A3

January 25, 1984

SD Pers. File

Dear Sir:

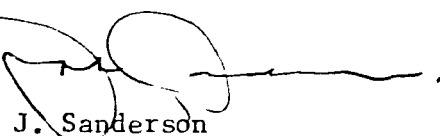
RE: Adult Care Placement for

[REDACTED]
B.D. [REDACTED]
Grand Rapids

s.19(1)

We are returning to you the original signed Adult Care Placement Form confirming Indian Affairs' financial responsibility for the above-mentioned person.

Yours truly


J. Sanderson
Regional Supt. of Preventive
Services
Indian & Inuit Affairs
Manitoba Region

Att:



Indian and Northern Affairs Affaires indiennes et du Nord

INITIAL ADULT PLACEMENT AND AUTHORITY FORM
AUTORISATION DE PREMIERE PRISE EN CHARGE D'UN ADULTE

Approval is hereby given for payment on behalf of the undermentioned
La présente autorise le versement, au nom de la personne susmentionnée

Person at the rate of \$
de la somme de

☐ Daily
Par jour

☐ Weekly
Par semaine

☐ Monthly
Par mois

Payable to:
à

☐ An Individual
Une personne

☐ An Institution
Un établissement

1. Name of dependant Adult - Nom de l'adulte pris à charge.

File No. - Dossier n°

Date

Agency or District - Agence ou district

Authority Number - Autorisation n°

From - De

To - À

Sex - Sexe

☒ Male
Masculin

☐ Female
Féminin

Religion

R. C.

Date of Birth - Date de naissance

2. Band and Band Number - Nom et numéro de la bande

3. Outline the circumstances that necessitated care being provided - Description des circonstances qui ont entraîné la prise à charge.

4. Plan proposed (indicate where applicant is to be placed including, if this is a private home, name, address, band & band number (if Indian) and relationship to applicant, also state who recommended the placement.

Dispositions proposées (donnez l'endroit où le requérant doit être envoyé, c'est-à-dire, s'il s'agit d'une maison privée, donnez le nom, l'adresse, le nom et le numéro de la bande (s'il s'agit d'un Indien) et le lien de parenté avec le requérant), donnez également le nom de la personne qui recommande la prise à charge.

SAGKEENG HOSTEL CENTRE

5. Total cost of care per month
Coût total mensuel des soins

\$ 375 00

Deduct amount to be paid by applicant and/or from other source

\$

Moins le montant versé par le requérant ou provenant d'autres sources

TOTAL \$ 375.00

6. Diagnosed medical condition, state: - Diagnostic de l'état de santé:

(If any of the following questions can be answered "yes", please mark thus [X]) - (Indiquez au moyen d'un [X] les réponses affirmatives aux questions suivantes)

(a) Is there reasonable expectation of a substantial improvement of the medical condition if under active treatment?
Peut-on espérer une amélioration sensible de l'état de santé du requérant s'il subit un traitement suivi? ☐

(b) Is there reasonable expectation that active treatment will result in a return to a useful life in a private home?
Peut-on espérer qu'un traitement suivi dans une maison privée aura pour résultat de ramener le requérant à une vie active? ☐

(c) Is the continuous supervision of nursing care by a registered nurse essential in the treatment of this case?
Est-ce que le traitement de cette maladie exige la surveillance et les soins d'une infirmière diplômée? ☐

(d) Is it necessary to have regular attendance by a Doctor as frequently as once every week for this case?
Est-il nécessaire que le requérant reçoive les visites régulières d'un médecin au moins une fois par semaine? ☐

7. State source and amount of applicant's financial resources (Income, Old Age Security, Old Age Allowances, Dependent Persons' Allowance, Blind Persons' Allowances, etc.)

Indiquez la source et la somme des revenus du requérant (Revenu, pension de sécurité de la vieillesse, allocation de vieillesse, allocation de personne à charge, allocations d'aveugle, etc.)

8. Can adult children or other close relatives provide accommodation or financial assistance?

Est-ce que des enfants adultes ou d'autres proches parents du requérant peuvent fournir une aide financière ou l'hébergement? ☐ Yes ☒ No

(If "yes" give details)

(Dans l'affirmative, expliquez)

9. If this person has not been residing on an Indian Reserve, indicate whether off-Reserve residence has been established.

Si cette personne n'habitait pas une réserve indienne, indiquez si le requérant s'est établie légalement en dehors de la réserve.

☐ Yes ☒ No

(If "yes" give de

(Dans l'affirmative, expliquez)

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Ottawa, ON K1A 0N4

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TITLE/TITRE Health and Well-Being - Drug and Alcohol Abuse – Grand Rapids First Nation
1984-01-01 - 1985-11-28

RG 010 - Indian and Inuit Affairs MG R- SERIES/SÉRIE

ACCESSION 2001-01039-7 VOL PAGE(S)

BOX/BOÎTE 11 REEL/BOBINE

FILE/DOSSIER WIN-E-6610-2-310

DATE January 12, 2023