



**CHAPLEAU CREE HEALTH CENTRE'S
WEEKLY PAMPHLET WILL BE
SUSPENDED UNTIL FURTHER NOTICE.**

ALL NOTICES AND FLYERS WILL CONTINUE TO BE
MADE AVAILABLE ONLINE VIA CHAPLEAUCREE.CA.

28 Day Walking Challenge

February 2021

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	1 Walk 1 KM Or 5,000 steps	2 Walk 1.5 KM Or 5,500 steps	3 Walk 2 KM Or 6,000 steps	4 Walk 1 KM Or 5,000 steps	5 Walk 1 KM Or 5,000 steps	6 Walk 1 KM Or 5,000 steps
7 Walk 1 KM Or 5,000 steps	8 Walk 1 KM Or 5,000 steps	9 Walk 1.5 KM Or 5,500 steps	10 Walk 1.5 KM Or 5,500 steps	11 Walk 1.5 KM Or 5,500 steps	12 Walk 1.5 KM Or 5,500 steps	13 Walk 1.5 KM Or 5,500 steps
14 Walk 1.5 KM Or 5,500 steps	15 Walk 2 KM Or 6,000 steps	16 Walk 1.5 KM Or 5,500 steps	17 Walk 2 KM Or 6,000 steps	18 Walk 2 KM Or 6,000 steps	19 Walk 2 KM Or 6,000 steps	20 Walk 2 KM Or 6,000 steps
21 Walk 2 KM Or 6,000 steps	22 Walk 2.5 KM Or 6,500 steps	23 Walk 2.5 KM Or 6,500 steps	24 Walk 2 KM Or 6,000 steps	25 Walk 2.5 KM Or 6,500 steps	26 Walk 2.5 KM Or 6,500 steps	27 Walk 2.5 KM Or 6,500 steps
28 Walk 2.5 KM Or 6,500 steps	Complete each day as required. You can choose to do steps or km. Please see the Fox Lake Walking routes for distances.					

Weekly Bingo Draw



No Winner Announced

Playing For **FULL-CARD**

LEGEND				
	NUMBERS DRAWN THIS WEEK			
	NUMBERS DRAWN PREVIOUSLY			
B	I	N	G	O
1	16	31	46	61
2	17	32	47	62
3	18	33	48	63
4	19	34	49	64
5	20	35	50	65
6	21	36	51	66
7	22	37	52	67
8	23	38	53	68
9	24	39	54	69
10	25	40	55	70
11	26	41	56	71
12	27	42	57	72
13	28	43	58	73
14	29	44	59	74
15	30	45	60	75

Family Snow Sculpture Contest



January 25 to February 16

To register: Fill out attached registration form
or email

programfacilitator@chapleaucreehealth.ca

2021 Snow Sculpture Contest

Our hope is that this contest will be a creative, fun-loving activity for families of all ages.

Rules for Snow Sculpture Contest:

- ◆ Each team will consist of 2 to 8 members with at least one team member being 18 years old or older, but all members need to be listed on original registration. No team members may be substituted during the contest due to injury or illness. Please complete the team registration form and return it by January 25th, 2021. Late registrations will be accepted; however, no extensions will be given.
- ◆ All sculpting must be performed with hand tools only. Teams are responsible to provide their own tools, including ladders and shovels.
- ◆ Only snow, water and ice may be used in the sculpture. Dyes, paints or any other colorants may be used.
- ◆ The team must complete its work between the start date of January 25th at 8:00 AM until the conclusion of the contest on February 16th at 12:00 AM. Pictures of completed sculptures must be submitted to programfacilitator@chapleaucreehealth.ca on or before that date.
- ◆ Sculptures must be of original conception by the team. Sculptures that are in poor taste or commercial in nature will be disqualified.
- ◆ The sculpture may not exceed an area of 15 feet by 15 feet
- ◆ Use of chemical freezing agents such as Freon or dry ice are not permitted.
- ◆ Teams are responsible for the knowledge of the rules. Disqualification of the sculpture and team will be the result of any member(s) of the team choosing not to follow them.

The snow sculptures will be judged on creativity, technique, originality, communication (the power of the sculpture to capture and hold the interest of the viewer) and completion.

Prize Categories:

First Place \$300

Second Place \$200

Third Place \$100

Honourable Mention

This project is sponsored by the CCHC.

Team Registration Form

Team Name: _____

Participants:



MENTAL HEALTH

Awareness

and COVID-19

with Melody Hawdon

Wednesday, January 27

2 PM via Zoom

Meeting ID: 306 708 5721

Passcode: Health

Email Programfacilitator@chapleaucreehealth.ca to register.

**Any questions can be forwarded to
melody.hawdon@nmninoeyaa.ca**





Snowman

D e c o r a t i n g C O M P E T I T I O N

Send a picture of your decorated
snowman to

programfacilitator@chapleaucreehealth.ca

Deadline: January 25, 2021





THE AANJICHIGWIN HEALTH PROMOTION PROGRAM PRESENTS:

AANJICHIGWIN SPEAKER SERIES

AANJICHIGWIN "THE PROCESS OF CHANGE"

Doorprize

It's a new year to make healthy
lifestyle behaviour changes
to live a long and healthy life!
Every session you attend earns
you an entry into the grand prize!

*Guest
Speakers*

MARY SPENCER, OLYMPIC BOXER & COVERGIRL - MOTIVATION
PATRICIA TOULOUSE - TRADITIONAL HEALTH & DIABETES
'THOSH' COLLINS - WELL FOR CULTURE
JOBY QUIAMBAO, RD - NEW YEAR, NEW ME: TOP "DIETS" OF 2021
AMANDA LAMBERT, STRONG MINDS - MENTAL HEALTH

Wednesdays at 12pm, starting January 13th

Zoom Meeting ID: 965 9478 9266

Zoom Passcode: 171925

For more information contact:

Lisa-Marie Naponse: lisa-marie.naponse@nmninoeyaa.ca or (705)862-1114

Cynthia McCutcheon: cynthia.mccutcheon@nmninoeyaa.ca or (705)849-7136



AANJICHIGEWIN SPEAKER SERIES

May be subject to change

WEDNESDAY JANUARY 13TH

Motivation with Mary Spencer, Olympic Boxer & CoverGrl

WEDNESDAY JANUARY 20TH

Traditional Health & Diabetes with Patricia Toulouse

WEDNESDAY JANUARY 27TH

Well for Culture with 'Thosh' Collins

WEDNESDAY FEBRUARY 3RD

New Year, New me: Top "Diets" for 2021 with Joby Quiambao, RD

WEDNESDAY FEBRUARY 10TH

Mental Health with Amanda Lambert, Strong Minds

Wednesdays at 12pm, starting January 13th

Zoom Meeting ID: 965 9478 9266

Zoom Passcode: 171925

For more information contact:

Lisa-Marie Naponse: lisa-marie.naponse@nmninoeyaa.ca or (705)862-1114

Cynthia McCutcheon: cynthia.mccutcheon@nmninoeyaa.ca or (705)849-7136

AANJICHIGEWIN SPEAKER SERIES

WEDNESDAY JANUARY 27TH

'THOSH' COLLINS

Well for Culture



ANTHONY "THOSH" COLLINS is a photographer & community organizer from the Salt River Reservation in Arizona. He is a board member & trainer for the Native Wellness Institute, & the visual editor and co-founder of WELL FOR CULTURE.

WELL FOR CULTURE is an Indigenous wellness initiative. They offer consulting services, curricula, trainings & workshops based on our original model for holistic health: the Seven Circles of Wellness. They incorporate research, data & knowledge from ancestral Indigenous teachings, integrative health fields, & other relevant sources.

Wednesday January 27th at 12pm

Zoom Meeting ID: 965 9478 9266

Zoom Passcode: 171925

For more information contact:

Lisa-Marie Naponse: lisa-marie.naponse@nmninoeyaa.ca or (705)862-1114

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Heart Health Promotion

Get Active Contest

RULES

February is Heart Health month. The Heart Health Promotion – Get Active Contest is a health initiative to get community members active and healthy while also earning a chance to win a prize.

1st DRAW - \$300 Cash

2nd DRAW - \$200 Cash

3rd DRAW - \$100 Cash

The contest begins **February 1st, 2021** and ends **February 28th, 2021**.

The Heart Health Promotions – Get Active Contest is open to all Chapleau Cree bandmembers and their immediate family (spouses & children).

One ballot is to be completed for every 15 minutes of exercise. Example: if you walked for 30 minutes, you would complete 2 ballots. Ballots are available for pickup at the Chapleau Cree Health Centre.

All entries will be entered into the Heart Health Promotion – Get Active Ballot Box located at Health. **The draw will take place on March 1, 2021 at 11:00 AM.**

Get Active and submit your exercise ballots for your chance to win a great prize.

For those that want to kick start their heart, check out the enclosed February calendar for group activity opportunities.

NOTE: Please consult your family physician before starting any type of new exercise program.



Fox Lake Reserve Walking Routes

Health to Band Office and
back to Health 0.8 km

Health to Steve Caldwell's
and back to Health 1.5 km

Health to Bill Cachagee's
to Steve Caldwell's to Peggy
Domingue's and back to
Health 2.3 km

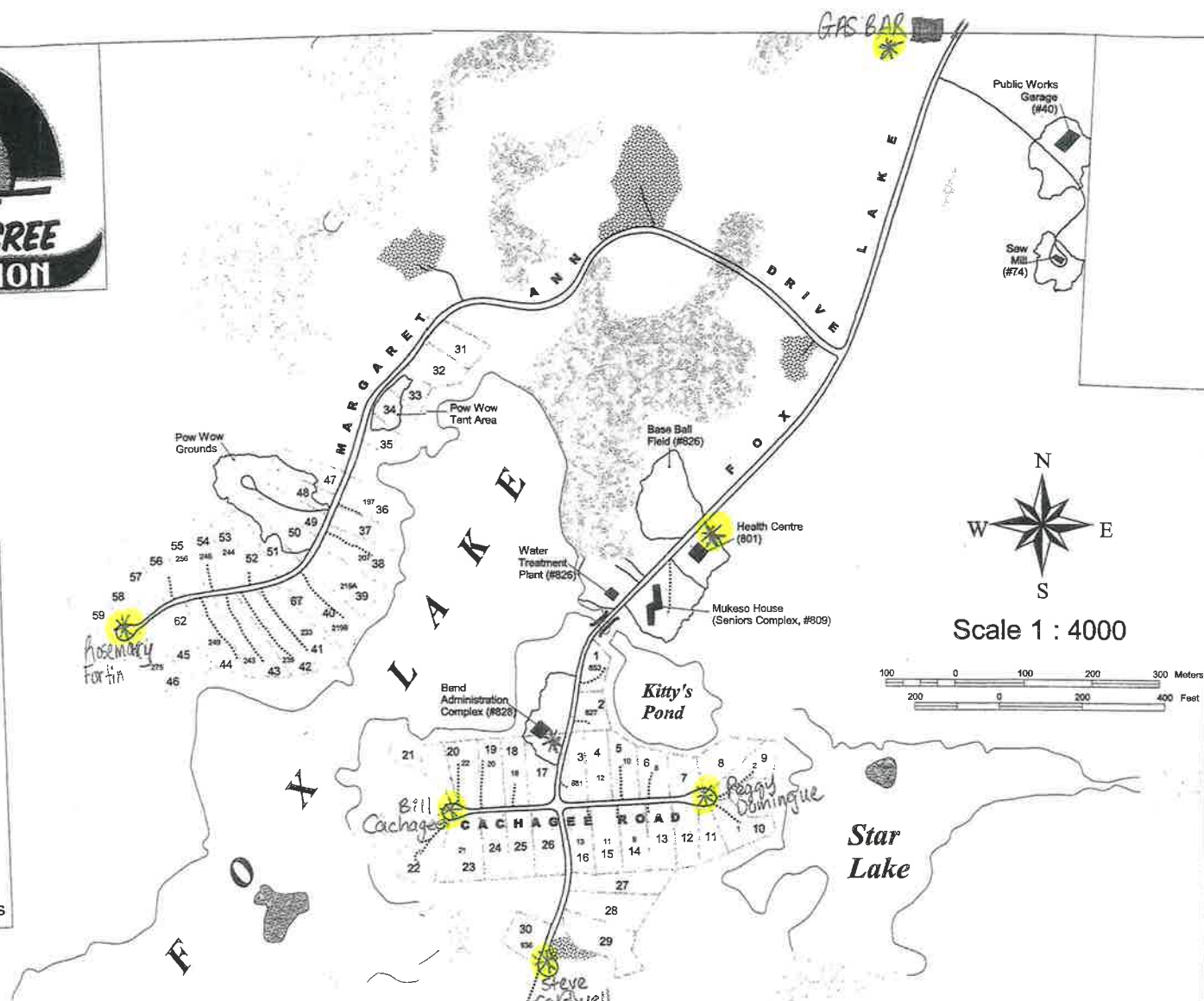
Health to Gas Bar and
back to Health 2.5 km

- Health to Rosemary Fortin's
and back to Health 3.6 km



Legend

- Islands
- Water
- Marsh
- Water Flow
- Ski-doo trail
- Buildings
- Driveways
- Main Roads
- Highway
- Landuse
- Lots
- Pits
- Reserve
- 5 Lot Numbers
- 5 Civic Address



THE AMAZING WINTER WONDERLAND

Participants will start off with their first clue (sent via email on February 1) that will lead them to Checkpoint 1.

When they find Checkpoint 1, they will have to take a selfie of themselves or their group in front of the checkpoint sign.

They will read the clue to find the next checkpoint.

Repeat until you have found all 10 checkpoints.

**Submit all 10 checkpoint pictures to
programfacilitator@chapleaucreehealth.ca**

*Participants can drive, walk, snowshoe or cross country ski
to each checkpoint.*

Contest will run from February 1- February 8.



**Email programfacilitator@chapleaucreehealth.ca to register
you and your team!**



In support of the

Royal Canadian Legion Branch No.5

The Chapleau Cree Health Centre will be providing Chapleau Cree First Nation Members in the Chapleau area with tickets to participate in the

Royal Canadian Legion

Roast Beef Dinner, February 12

and

Pickrel Dinner, February 26.

If you are interested in receiving these TAKE-OUT meals, please call Chapleau Cree Health during business hours to schedule pickup of your tickets.

Participants are responsible for calling the legion to reserve their TAKE-OUT dinners and picking them up. Pick up on these dates will be from 5 PM to 7 PM at the Legion.

If you are unable to pick up your own meal, please call a family member or friend to do so for you.



MUSHKEGOWUK
EMPLOYMENT & TRAINING

CALL FOR APPLICATIONS

Mushkegowuk Council-Employment & Training Services (METS) is seeking applications from qualified individuals to sit on the Proposal Review Committee. The role of the PRC is to review requests for funding & provide approval authority on behalf of the Board of Chiefs for proposals submitted to Employment & Training Services.

The successful applicant will serve on the PRC as a member-at-large for a duration of three (3) years effective the date of approval. The Proposal Review Committee is a non-political body that represents the interests of all First Nations serviced by Employment & Training Services.

Ideally, applicants will possess the following qualifications:

1. Post-Secondary Degree/Diploma AND/OR
2. Significant experience in Community Economic Development (with a preference for experience in human resource development)
3. Previous proposal review/development experience
4. Understanding of the human resource development aspirations and challenges of First Nation communities within the Mushkegowuk Region

Interested applicants please submit your resume along with letter of interest and how you meet the above-noted qualifications.

Please forward APPLICATIONS to:

Debbie Corston, Director
Mushkegowuk Council - Employment & Training Services
P.O. Box 370
MOOSE FACTORY, ON P0L 1W0
Email: debbiecorston@mushkegowuk.ca

DEADLINE FOR APPLICATIONS: FEBRUARY 17, 2021 @ 4:00 P.M.



PINK SHIRT DAY

February 24, 2021

Chapleau Cree Health Services will be ordering Pink Shirts for Anti- Bullying for Community and Band Members in the Chapleau Area.

Sizes available are:

Youth: S, M, L, XL

Adult: S, M, L, XL. 2XL, 3XL 4XL

DUE TO COVID-19

Please email your orders to

bandrep@lifessacredjourney.ca by January 31, 2021

INDIGENOUS SUPPORT FOR STUDENT LEARNING PROGRAM (SSLP)

WHO—Indigenous students of any age across Canada with limited financial resources, including those students living with disabilities. To be eligible, you must be of low-income, enrolled in Formal education (online, remote, on-site), and actively attending

WHAT—The Indigenous Support for Student Learning Program is accepting applications from eligible students to be considered to receive a laptop and related accessories

WHY—To support and assist Indigenous students in their continued educational success and participation

Resources are limited—apply today!
Applications must be received by March 15, 2021
Visit www.bcands.bc.ca for more information and to apply



British Columbia Aboriginal Network on Disability Society

#6-1610 Island Highway — Victoria, BC — Canada — V9B 1H8
Tel: 250-381-7303 — Toll Free: 1-888-815-5511 — Fax: 250-381-7312
Email: sslp@bcands.bc.ca — www.bcands.bc.ca



Indigenous Support for Student Learning Program (SSLP)

The BC Aboriginal Network on Disability Society (BCANDS) is now offering the Indigenous Support for Student Learning Program (SSLP). The SSLP is a time-limited project for Indigenous students who have limited financial resources, including those living with disabilities. We are accepting applications for students who are enrolled in Formal education (either online, remote, or on-site learning) to receive a laptop and accessories.

Our Goal:

- Assist Indigenous students' continued participation and success in their education, and eventually, in their future employment

Am I Eligible?

- Applicants must be enrolled in Formal education at any level from kindergarten to post-secondary OR taking courses through an accredited institution, AND be actively attending
- Applicants must be of Indigenous ancestry
- Applicants must not have received/be receiving any other support for equipment from Nation, community, or other organization/program
- Applicants must be a Canadian resident
- Applicants must be low-income OR
- Applicants identify as living with a disability AND be low-income

"Persons with disabilities," for the purposes of student financial aid, is defined as "those who have long-term physical, mental, intellectual or sensory impairments which in the interaction with various barriers may hinder their full and effective participation in society on an equal basis with others" ¹

Acceptable Documentation to demonstrate financial need (for applicant or parent/legal guardian)

Please include proof of/an approval statement from any one of the following:

- Federal or provincial/territorial Student Loan
 - Any Federal or provincial/territorial Income Assistance
 - Any Federal or provincial/territorial Disability Assistance
 - Canada Child Benefit (parent or legal guardian)
 - Most recent Income Tax Notice of Assessment prepared by Canada Revenue Agency (CRA)
- ➔ If these options are not available and you meet all of the eligibility criteria, provide thoroughly describe your situation under Section 3 B (*Demonstrate Financial Need*)

All information in the applications must be fully completed for consideration (Sections 1-6). BCANDS will verify the applicant's enrolment, attendance (online, remote, or in-class), and financial need. BCANDS reserves the right to refuse any application and determine the level of support approved. BCANDS will prioritize approvals based on the information provided in the application, the demonstrated need, and the date received. Applicant's receiving support from their Nation, community, or another organization/program in relation to equipment (computers) for their ongoing participation in school may be deemed ineligible.

Applications will be accepted on an ongoing basis. Applications must be received by BCANDS no later than March 15th, 2021 for consideration. However, due to the limited financial resources available and high demand, we recommend that applicants submit their completed application as early as possible. Late applications will not be reviewed. Call for applications will be closed in event that the project's resources have been fully expended prior to the **March 15, 2021 deadline**. If you need assistance with the application or have questions, please contact us.

Please keep this page for your records.

¹ Definition from the United Nations Convention on the Rights of Persons with Disabilities



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Tel: 250-381-7303 — Toll Free: 1-888-815-5511 — Fax: 250-381-7312
Email: sslp@bcands.bc.ca — www.bcands.bc.ca

Section 1: Applicant Information

Full Name:

First Last M.I.

Parent or Guardian
Name: (if applicable)

First Last M.I.

Date of
Birth: _____
(MM/DD/YYYY)

Mailing Address
for Equipment
Distribution:

Street Address Apartment/Unit #

City/Town Province Postal Code

Phone Number: _____

Email: _____

Age: (any age is eligible) _____

Gender: _____

How do you identify:

First Nations (Status) ☐ Inuit ☐
First Nations (Non-Status) ☐ Métis ☐

Are you living with a disability?

YES ☐ NO ☐

→ If yes,
please briefly
describe your
disability and
its effects:

Are you a Canadian Citizen?

YES ☐ NO ☐

Are you employed while attending school?

YES ☐ NO ☐

→ If yes: Full-time ☐ Part-time ☐

Section 2: Enrolment Verification

All information provided in this section will be verified by BCANDS.

Name of School:

School Address:

Number of classes
enrolled in & attending:

Full-time/ Part-
time Program:

Program Start Date
(MM/DD/YYYY):

Student ID #
(if applicable):



Section 3: Eligibility Criteria

You must meet **ALL** of the following criteria to proceed and be considered for the SSLP. This information will be verified.

- A)** I confirm that I am an Indigenous student with limited financial resources, including those living with a disability ☐
- I confirm that I am an Indigenous student who is enrolled, and actively attends classes in a Formal educational institution (either online, onsite, or remotely) ☐
- I confirm that I have not received other support or similar funding for technology equipment (laptops/tablets) from another program or my community ☐

Why are you applying for the BCANDS Support for Student Learning Program (SSLP)? Please describe your current financial and educational situation, and how this program and provided computer will improve your ability to participate in your education: (please attach additional pages if you need more room)

B) DEMONSTRATE FINANCIAL NEED:

Please describe your limited financial means:

Do you receive (select ALL that apply):

Federal Income or Disability Assistance

YES

NO

☐☐

→ If yes, indicate benefit name(s)

Benefit Name(s):

Provincial/territorial Income or Disability Assistance

YES

NO

☐☐

→ If yes, indicate benefit name(s)

Are you a Parent/Guardian of a student receiving Income or Disability Assistance?

YES

NO

☐☐

→ If yes, indicate benefit name(s)

Other means of financial assistance:

INCLUDE DOCUMENTATION TO DEMONSTRATE FINANCIAL NEED WITH APPLICATION

See Page 1 for list of Acceptable Documentation



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Section 4: References

All information provided in this section will be verified by BCANDS. Contact information must be affiliated with your educational institution AND/OR community.

If possible, have your community contact provide a signed letter (included) verifying you have not received other funding.

Admissions Contact at Educational Institution

Full Name: _____ Position: _____
Email: _____ Phone Number: _____
Address: _____

Community Staff OR Chief and Council Contact (if possible)

Name of Indigenous Community: _____ Position: _____
Full Name: _____ Phone Number: _____
Email: _____
Address: _____

Section 5: Equipment Requirements

The Support for Student Learning Program (SSLP) intends to maximize available funds and will prioritize applicants based on level of need for the available resources provided through the program.

Please provide your software requests, though we cannot guarantee that you will receive your requests.

Hardware and software requests: Laptop ☐ Wireless Mouse ☐ In-ear Headphones ☐
Other specialty software requirements: (e.g. screen reader, speech-to-text, dictation software, etc.) ☐

FOR DEPARTMENT USE ONLY – do not fill out

Date received: _____ Approved: YES ☐ NO ☐
Enrolment verified: YES ☐ NO ☐ Documentation included / Financial Need demonstrated: YES ☐ NO ☐
Sent Computer (and accessories): YES ☐ NO ☐ Date Deployed: _____



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Section 6: Disclaimer and Signature

I authorize the release of information included in this application form to BCANDS for the purpose of eligibility verification for the student technology and resource funding.

I. I understand that:

- a) I am applying for technology equipment (computer and accessories) under the publicly-funded Support for Student Learning Program (SSLP)
- b) It is my responsibility to ensure that all of the information provided on and with this application is true and complete, and I have not made any false or misleading statements on this application.
- c) Incomplete or inaccurate information, or any attempt to access this funding by fraudulent means will result in my disqualification from the SSLP and related services.
- d) BCANDS reserves the right to refuse an application and to determine the level of support approved as determined through my provided information and described need.
- e) BCANDS may need to collect additional information about me to determine my eligibility for the SSLP or verify information provided in the application and related documentation.
- f) This program is dependent on available funding, and that BCANDS cannot ensure everyone in need receives adequate equipment and software.

II. If I am approved for the SSLP program:

- a) I understand that the provided equipment (computer and accessories) is for the intended purpose of enabling my continued and successful educational outcomes, and for eventual future employment.
- b) I will exercise due care of any and all items provided to me, and use them solely for their intended purpose. I will not install or have installed any software or hardware that could interfere with the equipment's functionality or intended purpose.
- c) I understand that BCANDS is not responsible for any additional expenses or services. All technological services provided through the SSLP will include a standard system software and are provided based on availability.
- d) I understand that any updates, repairs, additional software, subscriptions, or otherwise that are required are my sole responsibility. BCANDS will not provide ongoing costs associated with the provided equipment or software (e.g. Internet services, subscriptions, software, etc.).

I give BCANDS permission to contact myself, and the references provided in order to verify program eligibility:

Applicant Signature: X

Date: _____
(MM/DD/YYYY)

Parent/Guardian Signature: X
(if applicable)

Date: _____
(MM/DD/YYYY)

PLEASE EMAIL, MAIL, OR FAX YOUR APPLICATION TO BCANDS:

Mail: #6-1610 Island Highway
Victoria, BC
V9B 1H8

Email: sslp@bcands.bc.ca

Fax: 250-381-7312



Section 7: Optional Additional Information

The information collected in this section will **NOT** be used towards your application approval process. It will be used for BCANDS' internal research and engagement purposes only.

Any information provided in this section will be collected **anonymously**.

Answering the questions in this section are **optional**, but we appreciate any information you are willing to provide!

1. As an Indigenous student and/or Indigenous student with a disability (or parent/guardian), what are the biggest barriers to accessing and continuing your education? (i.e., access to buildings, discrimination and stereotypes, information technology, communication, outdoor spaces, transportation, etc.)

2. A) Has the COVID-19 pandemic created or enhanced any barriers that make it challenging to access or remain in school?

Strongly Disagree

☐

Disagree

☐

Neutral

☐

Agree

☐

Strongly Agree

☐

B) If you agree, how so?