

Monday, March 22, 2021



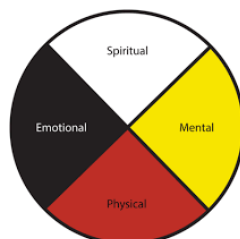
7PM—9PM via ZOOM

Youth Zoom Hang out
Register with Amanda

ILR—Learn Moose Cree “L” Dialect
Beginner’s Crash Course Mondays
Register with Culture



Tuesday, March 23, 2021

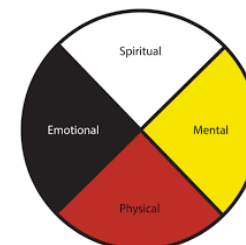


Town Run

6:30 PM Sessions via ZOOM

Omushkego Aski
Way of Life & Traditional
Customs Teachings
with Elder Annie Metat

Wednesday, March 24, 2021



REGISTRATION DEADLINE

Legion Pickerel Dinner

Tea & Teachings
LSJ
3:30 - 4:30 PM @ Mukeso House

7:00 - 9:00 PM via ZOOM

Pilates Workouts

ILR—Learn Moose Cree “L” Dialect
Register with Culture

7PM—9PM via ZOOM



Thursday, March 25, 2021

COOKBOOK SUBMISSION DEADLINE

Town Run

1:00 - 3:00 PM via ZOOM

Grief & Loss Lunch & Learn

■■■■■

6:30 PM via ZOOM

IMA

Friday, March 26, 2021

BINGO #'s Drawn

Playing for TWO-LINES

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

Saturday, March 27, 2021



Good Morning

Wishing you
a wonderful
Saturday

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Sunday, March 28, 2021

Friendly Reminders:

Participants must
PRE-REGISTER, BRING and
WEAR facemask for ALL
programs/activities.

705-864-0200



**For the week of the
March 22-28, 2021**

**Winter Hours
Monday - Friday
8:30 AM - 4:30 PM**

Please **PRE-REGISTER** and **WEAR A FACE MASK** for the interesting/interactive programs, activities and events offered in our community.



Eagle Moon

The eagle and other birds of talons are the first to return, signifying a new cycle of life.

Participation and feedback for Activities/Events/Programs are encouraged and greatly appreciated.

Submit feedback to Tracy Martin via
(705)-864-0200 or

healthcarecoordinator@chapleaucrehealth.ca

Figure 1



P.O. Box 400 ♦ Fox Lake Reserve ♦ Chapleau, Ontario ♦ P0M 1K0

Tel: (705) 864-0784 ♦ Fax (705) 864-1760

reception@chapleaucree.ca

EMPLOYMENT OPPORTUNITY

Position: Home Support Worker (Full-Time)

Location: The Chapleau Cree First Nation (CCFN) is a member of the Mushkegowuk Council and is situated on the Fox Lake Reserve, located just outside the community of Chapleau. The community is approximately four hours north of Sault Ste. Marie and two hours southwest of Timmins.

Description: The position will provide comprehensive home support/social services to assist seniors and people with disabilities who are the clients of the Chapleau Cree Health department. The role of the home support worker is to assist the clients of the community with their activities of daily living and to provide non-medical support care services as required.

Preferred Qualifications:

- ✓ Demonstrated organizational skills
- ✓ Proven interpersonal skills
- ✓ Excellent communication skills
- ✓ Dependable
- ✓ Class G Driver's License
- ✓ Clear Vulnerable Sector/CPIC Screen check (may be required)
- ✓ Capable of working independently and as a team player
- ✓ Must be capable carrying out strenuous duties

Duties/Responsibilities:

- ✓ Provide home support duties which may include light housekeeping, laundry duties and social visiting.
- ✓ Prioritize client needs on an ongoing basis and inform healthcare team of all changes noted.
- ✓ To work within the relevant legislation, policies, and procedures.
- ✓ To be responsible for a set of keys and for ensuring the security and integrity of areas of cleaning.
- ✓ To attend training courses for appropriate development, team meetings, reviews, and case conferences.
- ✓ Provide coverage for the PSW during planned and unplanned leave.
- ✓ To prepare nutritious meals as required and directed by the healthcare team.
- ✓ Undertaking other duties not specifically stated which from time to time which are necessary without altering the nature or level of responsibility.
- ✓ Other related duties as requested

Hours of Work: 32 hours week 8:30 AM – 4:30 PM, 4 days per week (flex hours required upon occasion) + benefits (after 3 months)

Wage: \$ 22.00/hr.

Closing Date: April 2, 2021 @ 11:00 AM or until filled

Individuals are invited to submit their cover letter, résumé, and three references to the following:

Edith Larocque, Band Administrator
Chapleau Cree First Nation
P.O. Box 400
Chapleau, ON P0M 1K0
bandadmin@chapleaucree.ca

**We thank all applicants, but only those selected for an interview will be contacted.
First Nation individuals and CCFN band members are encouraged to apply!**



Chapleau Cree First Nation
P.O. Box 400 ♦ Fox Lake Reserve ♦ Chapleau, Ontario ♦ P0M 1K0
Tel: (705) 864-0784 ♦ Fax (705)864-1760
reception@chapleaucree.ca



BIDDING OPPORTUNITY

Provision of Catering Services to Chapleau Cree Health Services Take-out style Easter Dinner Band Office at 5:30 PM Pick-up

Chapleau Cree Health Services will be hosting a take-out style Easter Dinner on
Wed. March 31, 2021 at 5:30 PM

Brief Description	Easter Meal for approximately 80 participants. Entrée, fruit, vegetables, dessert Coffee, water, juice, tea *Please Note: Adjustments will be made as for any increases in the number of participants*
Contract Duration	Wed. March 31, 2021
Venue	Chapleau Cree Band Office

- **Interested bidders will be required to submit a healthy menu (to be included with the bid) and must follow the current Ontario best practices guidelines for food handling/serving to prevent the spread of COVID-19**
- All shopping, storage, transportation, preparation, serving and clean-up of food supplies will be the responsibility of the successful bidder.
- Kitchen, cooking equipment, will be provided by Chapleau Cree First Nation.
- The successful bidder must provide their own take-out containers.
- The successful bidder will be responsible for all necessary clean up and disposal of leftover food. Kitchen must be returned to original condition.
- 50% holdback will be instituted on any advances to be released after inspection of kitchen/facility clean-up following the event.

Interested candidates are welcome to submit a bid and proposed menu plan to:

Tracy Martin, Health Care Coordinator
Chapleau Cree First Nation Health Centre
P.O. Box 400
Chapleau, ON P0M 1K0

or by email to healthcarecoordinator@chapleaucreehealth.ca

Subject Line: **Catering Bid: Wed. Mar. 25, 2021, Easter Dinner**

Note: Electronic bids missing the above subject may be missed from consideration.

Deadline to submit bid and menu will be Wed. March 25, 2021

Moose Cree is a severely endangered dialect of Cree. It has very few fluent speakers and revitalization is the conscious effort to save the language from falling out of use for generations to come.

Introducing the **Indigenous Language Revitalization (ILR)** *with the Moose Cree (L-Dialect)*

The weekly classes are focused on helping people build their vocabulary and conversational skills. Classes will consist of casual conversation with other learners and fluent speakers on a variety of topics.

No prior knowledge of or fluency in Cree is necessary. All levels of fluency are encouraged to join!

Weekly resources: Word of the Day & infographics, virtual flashcards, lessons, worksheets

Crash Introductory Classes offered on Monday Evenings @ 7:00 PM

via Zoom <https://westernuniversity.zoom.us/j/98824871041> (direct link)

**Weekly ILR Intermediate Classes offered on Wednesday Evenings @ 7:00 PM – 9:00 PM
For Adults & Youth Age 14+**

If youth are interested in learning Moose Cree (L-Dialect)
please email so we can arrange alternative dates and times.

Indigenous Language Revitalization (ILR) is an organization created to keep the Moose Cree “L-Dialect alive. The zoom classes are hosted by ILR Lead, Terrance Sutherland, a member of the Moose Cree First Nation and ILR Coordinator, Ricki Archilles, Ph.D. Candidate, University of Western Ontario both residing in Kapuskasing, ON and other co-host speakers of the L-Dialect.

If you are interested in registering for Cree Classes, please email Cheryl Dupuis at culture@chapleaucree.ca





OMUSHKEGO ASKI

Way of Life & Traditional Customs Teachings

with Elder, Annie Metat & Knowledge Keepers

CREATING A SENSE OF CALM AND BALANCE

What children learn from Grandparents & Elders stick with them

Singing to the baby before birth is very important

Role models of the Grandparents, Elders, Aunts, Uncles and older Siblings

Being open and honest & standing up for what you believe

Dances, songs and language connects you to traditions and identity

6:30 PM ZOOM SESSIONS | Begins Tuesday, March 16, 2021



Session 1: Values & Beliefs Teachings | Tuesday, March 16/21

Purpose and use of the legends to empower our parents, youth and families that bring unity in helping each other with making life choices and to connect as families within the community

Session 2: Traditional Parenting | Tuesday, March 23/21

Session 3: Walking Out Ceremony Preparation | Tuesday, March 30/21

Session 4: Rights of Passage | Tuesday, April 6/21

Session 5: Grandmother Teachings & Roles within Families | Tuesday, April 13/21

Session 6*: Moss Bags & Tikinagan Teachings | April 23, 24 & 25/21

Session 7*: Clan, Seasonal Cycles and Grandmother Moon Teaching | April 26/21

** More information to follow on Session 6 & 7*

To **REGISTER** please call Health at (705) 864-0200 or email Cheryl at culture@chapleaucree.ca



In support of the
Royal Canadian Legion Branch No.5

The Chapleau Cree Health Centre will once again be providing Chapleau Cree First Nation Members in the Chapleau area with tickets to participate in the
Royal Canadian Legion

Pickerel Dinner, March 26, 2021

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

***Deadline* to pick-up your tickets from Health will be**

Wed. March 24, 2021

Participants are responsible for calling the legion to reserve their TAKE-OUT dinners and picking them up. If you are unable to pick up your own meal, please call a family member or friend to do so for you.

**The Legion asks that you pre order your meal before noon on
Thurs. March 25, 2021**



Lunch n' Learn — Please Join On-line
March 24, 2021 — 1:00 PM to 3:00 PM

Grief & Loss

To join ZOOM online

[https://nmninoeyaa.zoom.us/j/99303752333?](https://nmninoeyaa.zoom.us/j/99303752333?pwd=dHNodGZmalBxTVdMeWQ0ckNyMVA1QT09)
[pwd=dHNodGZmalBxTVdMeWQ0ckNyMVA1QT09](https://nmninoeyaa.zoom.us/j/99303752333?pwd=dHNodGZmalBxTVdMeWQ0ckNyMVA1QT09)

Meeting ID: 993 0375 2333

Passcode: 260221

To join by phone:

Call Toll-Free: 1- 855 703 8985

Patricia Toulouse is an Ojibwe Mother and Grandmother of Sagamok Anishnawbek. A graduate in Human Services, practices Earth Medicines, and treats ailments by individual symptoms. A Traditional Medicine Practitioner for Maamwesying, Works with the communities of the North Shore to provide Traditional Services to focus on overall Health & Wellness or health issues.



Patricia strives to assist individuals to be self reliant.

*For more information contact Melody Hawdon, Mental Health and Wellness Worker
PH: 705-904-4158, Email melody.hawdon@nmninoeyaa.ca*

Maamwesying kina gweyahn N'mninobimaadizing. Working as One for the Well-being of All.

REVISED



Life's Sacred Journey Prevention Dakota Souliere will be having a share and learn traditional knowledge on respecting ourselves, our family, our community and Elders. There will be an Elders' "Teachings & Tea". We will make tea and bannock for our Elders. *Adrienne Beaupré* will present some teachings on various teas and their medicinal purposes.

With respects to covid and social distancing,
we kindly ask the youth to cook outdoors with their stoves, and to bring a mask.



When: March 24th, 2021

Time: 3:30pm – 4:30pm

Meet: Mukeso House

Bring:

- small propane stove
- mask.

To register please email: prevention@lifessacredjourney.ca

or call (705) 860-0001 (Dakota at Life's Sacred Journey)





ZOOM WORKOUTS!

Join us Wednesday,

March 24th at 7 PM
for Pilates!

From the comfort of your own home,
join us for a **safe, fun and invigorating** workout.

To join or sign out a chair, contact

Amanda at 705-864-0200 or
programfacilitator@chapleaucreehealth.ca

Chairs will be signed out in order of first come, first served basis, while supplies last.

L A S T C H A N C E



COOKBOOK RECIPE SUBMISSION AND RAFFLE

From the heart
of your home

There is no shame in shortcuts especially on weekdays. Semi-homemade recipes count, too. Bring on the boxed mixes, canned goods, and frozen veggies if you cannot use fresh. Looking for breakfast, lunch, dinner, appetizers, desserts, snacks, beverages, etc.

February 1st -
March 25th, 2021

Email recipes to
culture@chapleaucree.ca
before the deadline to be eligible to
win one of three amazing prizes.

While there is a maximum of ten (10) tickets per person, we gladly welcome you to submit as many recipes as you would like.

In the event of duplicates, selected recipes will be added to the CCFN Cookbook, 2nd Edition.

SUBMISSION DEADLINE

March 25th, 2021 at 12:00 PM

Email recipes to **culture@chapleaucree.ca**

or mail to

Cultural Coordinator
400-801 Fox Lake RD
Chapleau, ON, P0M 1K0

PRIZES/GIFT CARDS

Randomly Drawn

One (1) Grand Prize

Cookware Set, Approx. Value \$1,000.00

One (1) Regular Prize

Stand Mixer, Approx. Value \$500.00

One (1) Small Prize

Keurig Coffee Machine, Approx. Value \$250.00

RULES

- One (1) ticket per recipe to a max of ten (10) tickets per person.
- Tickets entered into raffle upon receipt of clear recipe with accompanying recipe origin or author and submitter's telephone number.
- Photos of recipe's product and author are encouraged.
- Winning raffle tickets will be drawn on March 31st, 2021 at 12:00 PM.
- Open to all Chapleau Cree Community and Band Members only.
- All ages can submit.
- Raffle winners will be notified by email, mail or phone.
- Raffle winners failing to respond and claim their prize will forfeit their prize after one (1) week. All prizes unclaimed after one (1) week will be re-drawn and a new winner will be declared.



Thursday, March 25, 2021

6:30 PM Meet & Greet

7:00 PM Presentation

To register for Zoom presentation

please email

culture@chapleaucree.ca

Well-Being

Values of Success

Men's Program

Featuring Indigenous Mens Alliance (IMA)
(on Zoom)

Zoom Presentation Host: Kris Morrison
Co-Host: Cheryl Dupuis (Grandmother)

The Mens Initiative Goals

To teach the men to be leaders so the men can teach the youth that need to follow men. The presentation is offered in a safe space where men are respected through the truth of learning and are encouraged to learn and be better brave men with courage.

Supporting Men on Building The Fire.

Please call the **Health Centre** at **(705) 864-0200**
to register for an appointment

COVID-19 Vaccine Screening and Consent Form

SCREENING AND CONSENT FORM –COVID-19 Vaccine

Version 2.0 – January 23, 2021

Last Name		First Name		Identification (e.g., health card number)	
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-Binary <input type="checkbox"/> Prefer not to answer				Primary Care Clinician (Family Physician or Nurse Practitioner)	
Home Phone	Mobile Phone	Email Address			
Street Address			City	Province	Postal Code
Date of Birth (month, day, year) ____ / ____ / ____	Age	Is this your first or second dose of the vaccine? <input type="checkbox"/> First <input type="checkbox"/> Second If second, please indicate the date of the first dose: ____ / ____ / ____ (month, day, year)			

Please answer all questions below:

Do you have symptoms of COVID-19 or feel ill today*? <input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, please provide details
Have you previously had a severe allergic reaction (e.g., anaphylaxis) to a previous dose of a COVID mRNA vaccine or to any of its components or its container? <input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, please provide details
Do you have a suspected hypersensitivity or have you had an immediate allergic reaction (<i>this would include an allergic reaction that occurred within 4 hours that cause hives, swelling, or respiratory distress, including wheezing</i>) to:	If yes, please provide details
<ul style="list-style-type: none"> A previous dose of an mRNA COVID-19 vaccine <input type="checkbox"/> No <input type="checkbox"/> Yes 	
<ul style="list-style-type: none"> Any components of the mRNA COVID-19 vaccine (including polyethylene glycol [PEG])** <input type="checkbox"/> No <input type="checkbox"/> Yes 	
<ul style="list-style-type: none"> Polysorbate (due to potential cross-reactive hypersensitivity with the vaccine ingredient PEG)** <input type="checkbox"/> No <input type="checkbox"/> Yes 	

<p>Have you ever had a severe (e.g. anaphylaxis) or an immediate allergic reaction to any other vaccine or injectable therapy (e.g. intramuscular, intravenous, or subcutaneous vaccines or therapies not related to a component of mRNA COVID-19 vaccines or polysorbates)? <i>(this would include an allergic reaction that occurred within 4 hours that cause hives, swelling, or respiratory distress, including wheezing)</i></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>If yes, please provide details</p>
<p>Have you ever had a severe allergic reaction (e.g.. anaphylaxis) not related to vaccines or injectable medications – such as allergies to food, pet, venom, environmental, or latex etc.?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>If yes, please provide details</p>
<p>Have you received another vaccine (not a COVID-19 vaccine) in the past 14 days?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>If yes, please provide details</p>
<p>Are you or could you be pregnant? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>If yes, please provide details</p>
<p>Are you breastfeeding? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>If yes, please provide details</p>
<p>Do you have any problems with your immune system or are you taking any medications that can affect your immune system (e.g., high dose steroids, chemotherapy)?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>If yes, please provide details</p>
<p>Do you have an autoimmune disease?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>If yes, please provide details</p>
<p>Do you have a bleeding disorder or are taking medications that could affect blood clotting (e.g., blood thinners)?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>	

<p>Have you ever felt faint or fainted after a past vaccination or medical procedure?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>If yes, please provide details</p>
<p>* Symptoms of COVID-19 can include fever, new onset of cough or worsening of chronic cough, shortness of breath, difficulty breathing, sore throat, difficulty swallowing, decrease or loss of smell or taste, chills, headaches, unexplained tiredness / malaise / muscle aches, nausea / vomiting, diarrhea or abdominal pain, pink eye, or runny nose or nasal congestion without other known cause or, for those over 70 years of age, an unexplained or increased number of falls, acute functional decline, worsening of chronic conditions or delirium</p>	<p>** Polyethylene glycol (PEG) can rarely cause allergic reactions and is found in products such as medications, bowel preparation products for colonoscopy, laxatives, cough syrups, cosmetics, skin creams, medical products used on the skin and during operations, toothpaste, contact lenses and contact lens solution. PEG also can be found in foods or drinks, but is not known to cause allergic reactions from foods or drinks. Polysorbate may also cause allergic reactions because of cross-reactivity with PEG.</p>

Consent to Receive the Vaccine

I have read (or it has been read to me) and I understand the 'COVID-19 Vaccine Information Sheet'

- I have had the opportunity to ask questions and to have them answered to my satisfaction.
- I have had the opportunity to speak with my primary care provider regarding any special considerations that apply to me in respect of the COVID-19 vaccine.

☐ **I consent to receiving the vaccine**

Acknowledgement of Collection, Use and Disclosure of Personal Health Information

The personal health information on this form is being collected for the purpose of providing care to you and creating an immunization record for you, and because it is necessary for the administration of Ontario's COVID-19 vaccination program. This information will be used and disclosed for these purposes, as well as other purposes authorized and required by law. For example,

- it will be disclosed to the Chief Medical Officer of Health and Ontario public health units where the disclosure is necessary for a purpose of the *Health Protection and Promotion Act*. And
- it may be disclosed, as part of your provincial electronic health record, to health care providers who are providing care to you.

The information will be stored in a health record system under the custody and control of the Ministry of Health.

Where a Clinic Site is administered by a hospital, the hospital will collect, use and disclose your information as an agent of the Ministry of Health.

☐ **I acknowledge that I have read and understand the above statement.**

You may be contacted by a hospital, local public health unit, or the Ministry of Health for purposes related to the COVID-19 vaccine (for example, to remind you of follow up appointments and to provide you with proof of vaccination). If you consent to receiving these follow up communications by email or text/SMS, please indicate this using the boxes below.

I consent to receiving follow-up communications:

☐ **by email** ☐ **by text/SMS**

Consent to Being Contacted About Research Studies

Many research studies will be conducted in respect of COVID-19 vaccines.

You have the option of consenting to be contacted by researchers about participation in COVID-19 vaccine related research studies. If you consent to be contacted, your personal health information will be used to determine which studies may be relevant to you, and your name and contact information will be disclosed to researchers. Consenting to be contacted about research studies does not mean you have consented to participate in the research itself. Participating in research is voluntary. You may refuse to consent to be contacted about research studies without impacting your eligibility to receive the COVID-19 vaccine.

If you consent to be contacted about research studies, and then change your mind, you may withdraw your consent at any time by contacting the Ministry of Health at Vaccine@ontario.ca.

I consent to be contacted about COVID-19 vaccine related research studies:

☐ **by email** ☐ **by text/SMS** ☐ **by phone** ☐ **by mail**

☐ **I do not consent to be contacted about COVID-19 related research studies:**

Signature	Print Name	Date of Signature

If signing for someone other than yourself, indicate your relationship to that other person:

☐ If signing for someone other than myself, I confirm that I am the parent / legal guardian or substitute decision maker.

Specific Issues re: Long-Term Care Homes Act, 2007

The resident's consent to receive the vaccine may be withdrawn or revoked at any time.

Statement respecting section 83 of the Act:

Please note the following legal protection:

Every licensee of a long-term care home shall ensure that no person is told or led to believe that a prospective resident will be refused admission or that a resident will be discharged from the home because,

- (a) a document has not been signed;
- (b) an agreement has been voided; or
- (c) a consent or directive with respect to treatment or care has been given, not given, withdrawn or revoked.

FOR CLINIC USE ONLY									
Agent	COVID-19	Product Name			Lot #		Dose		
Anatomical Site		<input type="checkbox"/> Left deltoid <input type="checkbox"/> Right deltoid			Route		Intramuscular		Dose #
Date Given		____ / ____ / ____ (m/d/yyyy)			Time Given		____ : ____ am pm		AEFI? <input type="checkbox"/> Yes <input type="checkbox"/> No
Given By (Name, Designation)			Location			Authorized By			
Reason for Immunization		<input type="checkbox"/> Healthcare worker <input type="checkbox"/> Healthcare worker: LTC Home <input type="checkbox"/> Healthcare worker: Retirement Home <input type="checkbox"/> LTC Home: Resident <input type="checkbox"/> Retirement Home: Resident <input type="checkbox"/> Advanced age: community dwelling <input type="checkbox"/> Other employees in acute care, LTC, RHs <input type="checkbox"/> Indigenous community <input type="checkbox"/> Chronic conditions							
Reason Immunizations Not Given		Healthcare provider: <input type="checkbox"/> Determines immunization is contraindicated <input type="checkbox"/> Recommends immunization but no consent received <input type="checkbox"/> Determines that immunization will be temporarily deferred							
Your dose 2 of 2 is scheduled for:		____ / ____ / ____ (m/d/yyyy) ____ : ____ am pm							