



Saginaw Chippewa Indian Tribe

Healing to Wellness

AHTW Application

Adult Healing to Wellness Applicant,

The Saginaw Chippewa Indian Tribal Court has a program called the Adult Healing to Wellness Court (AHTWC) program. The AHTWC was designed to help individuals to live a healthy and stable life free from Substance Use Disorders (SUD's). The AHTWC team is here to support and guide you to successfully completing the program.

The Tribal Prosecutor has determined you're eligible for the AHTWC program due to your recent charge involving alcohol or drugs. The AHTWC program is a voluntarily program. Before the HTW Court Team can determine your eligibility, there are some requirements you will need to complete.

- 1.) **Completely fill out the AHTWC application and submit to the AHTWC Case Manager or Grant Administrator.** Once the application has been submitted, the AHTWC team will review the application and make a decision. The decision will be brought to the Chief Judge for the final decision.
- 2.) **Next you will need to schedule to have an ASAM assessment completed.** You will need to inform the person(s) completing the assessments they are for the AHTWC program.*
- 3.) **You will then need to have a Risk/Needs assessment completed by the AHTWC Case Manager or Grant Administrator.***
- 4.) **You will then need to schedule an appointment with a Behavioral Health agency of choice to have a biopsychosocial assessment completed.** If you are not receiving services at a Behavioral Health agency of choice, you will need to do an intake before you can do the assessment. You can call SCIT BH to schedule an appointment at (989) 775-4850. **
***These two requirements will need to be done prior to being brought to the AHTWC Court Team.**

**** In the first 30 days of the program, this will need to be completed.**

Once numbers 2 and 3 are completed the AHTWC Court Team will review the application and determine if the individual will be a good fit for the program. The Project Administrator will complete the Determination of Eligibility. If it is determined the applicant is not suited for the program, the applicant will be notified by mail by the Grant Administrator. The

Grant Administrator will then present to the AHTW Court Team the Determination of Eligibility. A vote will take place amongst the Weekly HTW MDT team, excluding the Chief Judge, to either accept or decline an individual participating in the HTW program. The majority of the vote shall prevail. If there is a tie, the individual shall be accepted into the program.

If an individual is not accepted into the HTW based on the vote, a Notice will be provided to the individual explaining why the individual was denied. The individual shall be given the right to a hearing before the Weekly HTW Team from the date of the Notice to appeal the decision. The individual shall be given the opportunity to explain why they think they are a good fit for the HTWC program. The HTW Weekly Team will vote on the acceptance or denial of the individual. If there is a tie, the Chief Judge shall make the final decision.

<p>Saginaw Chippewa Indian Tribe</p> <p style="text-align: center;">Plaintiff.</p> <p>vs.</p> <hr/> <p style="text-align: center;">Defendant.</p>	<p>File Stamp:</p> <p style="text-align: center;">Before Document is Filed:</p> <ol style="list-style-type: none">1. Was the application signed by the Tribal Prosecutor and the Defendant?2. Was a copy given to the Tribal Prosecutor? <hr/> <p>Case No.:</p>
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Adult Healing to Wellness Treatment Court
CONFIDENTIAL APPLICATION

1.) PERSONAL INFORMATION

Name:	
Alias/Maiden Name:	
Date of Birth:	
Driver's License or ID No.:	State Issued:
Address:	
Reside With:	
Relationship:	
Emergency Contact: Name:	Phone Number:
Relationship:	
Cell Phone:	Work Phone:
Tribal Affiliation:	

2.) WORK/EDUCATION INFORMATION

Employed: <input type="checkbox"/> Yes or <input type="checkbox"/> No	Company Name:	
Schedule:	Supervisor Name:	Phone #:
Attending school? <input type="checkbox"/> Yes or <input type="checkbox"/> No	<input type="checkbox"/> High School	<input type="checkbox"/> College
Name of School:		
Contact Person:	Phone Number:	
Current Schedule:		

3.) Attorney Information

Attorney Name:	Phone Number:
Email Address:	

4.) COURT INFORMATION

Date of Arraignment:	
Current Charge:	Case No.:
Current Charge:	Case No.:
Current Charge:	Case No.:
Current Charge:	Case No.:
Are you aware of any court orders pending against you? (Such as: warrants, support orders, protection orders, or any other court orders). <input type="checkbox"/> Yes or <input type="checkbox"/> No If YES, please explain:	

Have you ever participated in a Treatment Court prior to this one? Yes or No
If "YES", please explain and note if you had a successful completion:

5.) SUBSTANCE ABUSE/MENTAL HEALTH INFORMATION

Are you receiving substance abuse treatment now? Yes or No
If YES, Name of Agency:

Have you received prior substance abuse treatment? Yes or No
If YES, Name of Agency:

Are you receiving mental health treatment now? Yes or No
If YES, Name of Agency:

Have you received prior mental health treatment? Yes or No
If YES, Name of Agency:

Please list any mental health diagnosis(s) here:

Please list all prescribed medications here:

6.) SIGNATURES REQUIRED

The information provided in this application is true to the best of my knowledge. I understand that if any information provided is not true I may be excluded from the program.

I understand this application for Saginaw Chippewa Indian Healing to Wellness Court Program will NOT be subject to further consideration without the Tribal Prosecutor's signature.

Signature of Applicant: _____ Date: _____

***Please return this application to the AHTWC Case Manager or Grant Administrator. A copy may be requested by the applicant. A copy will be sent to the Tribal Prosecuting attorney.**

Please Note:

- 1.) This is an intense voluntarily program; the individual must willingly want to participate in the program.
- 2.) The length of the program is a minimum of 18 months.
- 3.) The foundation of the AHTW program is based on the foundation of The 7 Generations and the 7 Grandfather Teachings.