



huu ay aht

ANCIENT SPIRIT, MODERN MIND

Office: Anacla Government Office, 170 Nookemus Rd,
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Alternative Health Care and Traditional Healing Policy

1 Definitions

“Huu-ay-aht citizens” – as defined under the “Huu-ay-aht Citizenship and Treaty Enrolment Act 2011”

“Alternative health care” – A variety of therapeutic or preventive health-care practices that are not typically taught or practiced in traditional medical communities and offer treatments that differ from standard medical practice.

Homeopathy, herbal medicine, neurofeedback, and acupuncture are types of alternative medicine. Items not covered are tea leaf readings/ psychics.

“Traditional healing” - embodies the use of native plants, as well as, is a whole philosophy and spiritual practice surrounding health and well-being.

Application

2 This policy applies to:

- 2.1 All Huu-ay-aht citizens over the age of 18 years of age,
- 2.2 A legal representative of a minor Huu-ay-aht child (under the age of 18 years)

Purpose

3 The purpose of the Alternative Health Care and Traditional Healing program is to provide Huu-ay-aht citizens with opportunities to seek alternative care options for achieving optimal health and wellness.

Policy

4 Funding can be accessed by citizens for services, healers, and medicines, vitamins, or traditional medicines that are not normally covered by other programs (BC government/extended health benefits). Services that are required because of accident (where services will be supplied by ICBC, WCB, or other agency) will not be covered under this policy.

Citizens can access up to a maximum of \$500.00. Once the budget is exhausted applications will be denied.

Considerations:

- HFN will be the last resort payer.
- Point of contact with the applicant is the Community Health and Social Development Coordinator (CHSDC) or designate
- Receipts are required and cannot be more than 30 days old.



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4 Applications:

4.1 This Policy is not applicable to non-Huu-ay-aht citizens.

4.2 Applications must be in writing.

4.3 This funding is time limited funding as a result of the “Specific Claims” negotiations. It is subject to availability of funds. This program is considered a temporary program and may not continue after March 2020.

5 Appeals: Exceptions can be made in extreme circumstances (where a person’s health will be severely compromised without the aid, e.g.: medical equipment and supplies) and where there is a disagreement with policy, the final decision resides with the Executive Director and the Director Community Services.



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Alternative Health Care and Traditional Healing Request

Name:

Address:

Telephone#:

Applicant date of birth:

Is this covered by other health insurance?

Please describe the services that you are wanting to access:

Amount requested: \$

Receipts must be attached

Declaration:

I declare that the information given on this form is correct and complete to the best of my knowledge.

I understand that if I knowingly give information that is false I may be liable to prosecution and will be required to repay any assistance received. Also, if I knowingly give information that is false, it may result in forfeiture of any future requests for financial assistance from the Huu-ay-aht First Nations.

I consent to my information being shared between agencies and external organizations for the purpose of processing my claim.

Signature of Applicant: _____ Date _____

Reviewed by: _____ Date _____

Amount approved: _____

Approved by: _____ Date _____