



EASTERN BAND OF CHEROKEE INDIANS  
TRIBAL EMPLOYMENT RIGHTS OFFICE



MOTHER TOWN HEALING PROGRAM  
is accepting  
APPLICATIONS

***Please contact:***

EBCI TERO

756 Acquoni Rd.

PO Box 1839

Cherokee, NC 28719

828.359.6421

Email: [TEROMotherTown@ebci-nsn.gov](mailto:TEROMotherTown@ebci-nsn.gov)

Fax: 828.520.7142

<https://ebci-tero.com/>

## Mother Town Healing Program

The Mother Town Healing Program (“MTHP”) is designed to assist enrolled members in recovery from the use of illegal substances by providing a safe working environment. In doing so, the program will provide training for necessary job skills and discipline to enter or re-enter the workforce in a positive manner. While one of the main goals is for participants to become employable, we also encourage them to begin rebuilding relationships that have been broken during their time in active addiction.

During their tenure in the program, participants will be expected to maintain their relationship with a recovery program (Analenisgi or others), while committing to the work responsibilities of the Mother Town Healing Program. Throughout the program, participants will learn how to foster personal growth and develop a positive self-image. Raising a garden in the heartland of the Cherokee people – the Kituwah fields – is one of the healing aspects of our program activities. Beyond gardening, participants will be expected to learn employment skills and develop their character for future success in the workplace.

To solidify their efforts, participants are encouraged to intern with tribal programs and other entities of the EBCI for at least a 90-day period that will provide a solid working experience that may demonstrate to prospective employers their commitments to career stability and success in the workplace. With the Mother Town Healing Program, participants have an opportunity to nurture and develop themselves through hard work and dedication and earn a chance at becoming a valuable contributor to our tribal workforce.

## Program Eligibility

Any EBCI or federally recognized tribal member who meets the program requirements may apply to the Mother Town Healing Program. The program requirements are as follows:

- ✓ Must have attained sobriety and have not used mind altering substances in the past 90 days. (*Sobriety in this context should mean: Free of all mind-altering substances except for prescription medication by health care providers*).
- ✓ Must not be currently employed part/full time or own operate or take part in a business venture.
- ✓ Must be actively involved with a recovery program for least 90 days and it must be verifiable (ie. Analenisgi or other)
- ✓ Must continue to attend a recovery program while within the Mother Town Program and internship positions.

## Selection Process

Applicants with COMPLETE applications will be contacted at the next hiring cycle. Participation cycles occur when there are vacancies in the program or as participants move on to the internship phase of the program. T.E.R.O. will contact the first applicants to file and proceed until the vacant number of applicants have committed to interview.

## Interview Criteria

TERO designed the Mother Town Healing Program to promote sobriety, assist those in recovery with their recovery progress, promote employable skills, provide resources, and assist with gainful employment. Candidates will be interviewed based on the following criteria:

- ✓ Has the candidate maintained a sobriety lifestyle through the applicant process?
- ✓ Does the candidate’s general attitude and demeanor fit program standards?
- ✓ Will the candidate actively seek employment and / or continuing education while working the program?
- ✓ Will the program be of benefit to the candidate?
- ✓ Will the candidate have outside commitments requiring excess time away from work?



# TRIBAL EMPLOYMENT RIGHTS OFFICE MOTHER TOWN HEALING PROGRAM APPLICATION

## Applicant Information

Applicant Name:		
EBCI Enrollment Number:		* Attach copy of EBCI Enrollment card
Mailing Address:		
City, State, Zip:		
Phone:		
Email:		

## Recovery Information

Are you currently in recovery?

☐ Yes

☐ No

*Recovery services may include therapy, peer support, AA/NA meetings, treatment, medically assisted recovery program, etc.*

Have you accessed residential treatment?

☐ Yes

☐ No

*Residential treatment may include Kaniwotiye or other treatment facilities.*

Name of Treatment Facility:	
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Are you being referred to the Mother Town Healing Program?

☐ Yes

☐ No

Name of Referring Entity:	
Name of Provider:	
Phone:	
Email:	

Have you:

☐ Signed Release of Information Form

☐ Included a COPY of EBCI Enrollment

☐ provided the BEST phone number or numbers where YOU can be reached

## Applicant Signature

Signature of the Person Submitting this Form	Date

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Indian Health Service

REQUEST FOR CONFIDENTIAL COMMUNICATION BY  
ALTERNATIVE MEANS OR ALTERNATE LOCATION

I, \_\_\_\_\_, Date of Birth \_\_\_\_\_ request an alternative means of communication of my health information (e.g., regular mail, telephone, facsimile) or communication of my health information to an alternate location.

*I understand that request for communication by alternative means or to an alternate location is applicable only to information held by the Indian Health Service (IHS) and disclosure by alternative means may not be protected and could endanger me. I understand that request for FAX communication may be intercepted by others and IHS is not responsible if such intercepts occur.*

(Note: IHS is only able to send email through the IHS Secure Data Transfer System or RPMS Direct.  
IHS is unable to approve text messaging as an alternate means of communication at this time)

Please describe in detail your proposed alternative means or alternate location for receiving communications from IHS:

☐ Alternate Mailing Address:

EBCI TERO, PO Box 1839, Cherokee, NC 28719

☐ Alternate Phone Number:

828.359.6422

Alternate Means of Contact (Please Specify):

TEROMotherTown@ebci-nsn.gov

This request applies to the following information:

☐ Today's Date of Service only

Class participation  
Care Plan

☐ From: \_\_\_\_\_

☐ To: \_\_\_\_\_

☒ From: \_\_\_\_\_

Until Further Notice

X  
SIGNATURE OF PATIENT OR PERSONAL REPRESENTATIVE  
(If Personal Representative, state relationship to patient)

DATE

DATE

SIGNATURE OF WITNESS (If signature of patient is a thumbprint or mark)

FOR IHS USE ONLY

☐ Request Approved ☐ Denied

If denied, reason (check one):

☐ Request is not reasonable to accommodate ☐ Alternate address or contact not provided

☐ Failure to provide information on how payment will be made (if applicable)

☐ Other (please explain): \_\_\_\_\_

IHS-963 (4/09)

OMB STATEMENT

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0917-0030. The time required to complete this information collection is estimated to average less than 10 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, to review and complete the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: Indian Health Service, OMS/DRPC, 5600 Fishers Lane, Rockville, MD 20857, Attention: Information Collections Clearance Officer..