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**NNADAP/YSAC Family Intake & Referral Application**

**Child / Dependent (Substance Use & Legal History)**

**PLEASE NOTE: ALL SECTIONS MUST BE COMPLETED. INCOMPLETE APPLICATIONS MAY BE RETURNED, DELAYING THE PROCESS**. **Form to be completed by referring agent.**

If any information is not applicable, indicate as NA, unknown as UNK and unavailable as UNA. Attach a separate sheet of paper if more room is needed.

**Date Application Received by Community Worker: (MM/DD/YYYY**) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date Application Received by Treatment Centre: (MM/DD/YYYY) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of the referral worker/agency**: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **A. Client Information** | | | | | | | | | |
| Surname: | | | First Name: | | | | | | |
| Nickname or other name known by: | | | Date of Birth: | | | | | | |
| Health Card Number: | | Health Card Expiry Date: | Age: | | | Sex:   * Female * Male | | | |
| Gender:   * Gender Fluid * No category describes me * Unknown * Decline to State * Female/Woman * Male/Man * Transgender * Intersex * Two-Spirited * English * French | | Client Address: | | | | Client Phone: | | | |
| Language Spoken: | | Language Preferred: | | | | Language Understood: | | | |
| Nation Status:   * First Nation Non-Status * First Nation Status * Inuit Non-Status * Recognized Inuit * Métis * Client Not Eligible for Status | | | Treaty Number: | | | | | | |
| Band Name: | | | | | | |
| Other Indigenous Status: | | | Relationship Status: | | | | | | |
| Emergency Contact Name: | | | Emergency Contact Relationship: | | | | | | |
| Emergency Contact Phone Number: | | | Next of Kin: | | | | | | |
| Relationship to Next of Kin:   * Less than grade 8 * Completed high school * Not completed high school * Completed post-secondary * Some post-secondary | | | Next of Kin Phone Number: | | | | | | |
| Education: | | | Literacy Level:   * Illiterate * Literate * Needs assistance | | | | | | |
| Living Situation:   * Homeless * Group Home * Shelter * Foster Care * Common Law * Friend * Unknown * On-reserve * Off-reserve * Urban * Rural * Immediate Family * Extended Family * Lives Alone | | | | | | | | | |
| Custody Information:   * Orders of Supervision * Unsupervised Visitation * Continued Supervision * Temporary Supervision * Voluntary Placement Agreement * Continuous Care (Ongoing Family Services) * Customary Traditional * Adoption * Biological * Kinship/Foster * Recent Apprehension * Voluntary Family Services | | | | | | | | | |
| Social Worker Name and Contact Information: | | | | | | | | | |
|  | | | | | | | | | |
| **B. Education and Social Status** | | | | | | | | | |
| Grade Level | Has an Individual Education Plan | Has an Academic Assessment | | Has Received Guidance Counselling | | Has been previously apprehended | | | Has received a Behaviour Assessment |
|  | * Yes * No * Unknown | * Yes * No * Unknown | | * Yes * No * Unknown | | * Yes * No * Unknown | | | * Yes * No * Unknown |
|  | | | | | | | | | |
| **C. Legal Status**   * Unknown * Yes | | | | | | | | | |
| *Has your client ever been in trouble with the law?*   * No   ***If yes, please explain:***   * Criminal Court * Family Court * Drug Court Treatment * Probation * Charges Pending * Court Referral * Court Order * Restorative Justice * No Involvement * Unknown | | | | | | | | | |
| *Is your client under any of*  *these legal involvements?* | | | *Is the client under any of the following legal conditions?*   * Bail * Parole * Temporary Absence Order * No Involvement * Other * Unknown   **If other, please specify:** | | | | | | |
| *Gang Involvement:*   * Unknown * Yes * No | | | | | | | | | |
| *Was alcohol or any other substances, such as ‘sniff’ or other drugs involved in your client’s legal dealing?*  **If other, please specify:**   * Yes * No * Other * Unknown | | | | | | | | | |
| *Is your client seeking treatment as a result of a court order or family service order?*  **If yes, please explain:**   * Yes * No * Unknown | | | | | | | | | |
|  | | | | | | | | | |
| **D. Chemical Use History - *Substance misuse prior to treatment history:*** | | | | | | | | | |
| *At what age did your client start sniffing?* | | | | *At what age did your client start drinking?* | | | | | |
| *At what age did your client start using other drugs?* | | | | | | | | | |
| *Has anyone in their family or community received treatment for solvent/substance abuse?*   * Yes * No * Unknown   **If yes, please explain:** | | | | | | | | | |
| *Has your client participated in a non-residential/community-based substance abuse program?*   * Yes * No * Unknown   **If yes, please explain:** | | | | | | | | | |
| *Has your client received prior treatment at a residential addiction centre?*   * Yes * No * Unknown   **If yes, please explain:** | | | | | | | | | |
| **Treatment Location** | | **Treatment Date** | | | **Describe** | | | | |
|  | |  | | | *(Completed/Not Completed?)* | | | | |
| Has your client used substances for the last year?  Yes  No  Unknown  **If yes, complete a DUSI-R Assessment.** | | | | | | | | | |
|  | | | | | | | | | |
| **E. Withdrawal Symptoms** | | | | | | | | | |
| *Has your client experienced any of the following symptoms while withdrawing from substances in the last*  *6 months?* | | | | | | | | | |
| Symptoms | | | | Describe | | | | | |
| *Blackouts*   * Yes * No * Unknown | | | |  | | | | | |
| *Hallucinations*   * Yes * No * Unknown | | | |  | | | | | |
| *Nausea/Vomiting*   * Yes * No * Unknown | | | |  | | | | | |
| *Seizures*   * Yes * No * Unknown | | | |  | | | | | |
| *Shakes*   * Yes * No * Unknown | | | |  | | | | | |
| *Delirium Tremens (DTs)*   * Yes * No * Unknown | | | |  | | | | | |
| *Ever experienced DTs?*   * Yes * No * Unknown | | | |  | | | | | |
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| **F. Mental Health History** | | | | | | | | | |
| *Provide the following information about the client’s mental health status:* | | | | | | | | | |
| Mental Illness | | | | Describe | | | | | |
| *Been diagnosed with a mental illness*   * Yes * No * Unknown | | | |  | | | | | |
| *Currently being treated*   * Yes * No * Unknown | | | |  | | | | | |
| *Currently on psychiatric medication*   * Yes * No * Unknown | | | |  | | | | | |
| *Taking medication consistently*   * Yes * No * Unknown | | | |  | | | | | |
| *Eating (obesity, anorexia, bulimia, etc.)*   * Yes * No * Unknown | | | |  | | | | | |
| *Sex (promiscuity, etc.)*   * Yes * No * Unknown | | | |  | | | | | |
| *Internet / Texting*   * Yes * No * Unknown | | | |  | | | | | |
| *Gaming (video games and APP games)*   * Yes * No * Unknown | | | |  | | | | | |
| *Had your client ever spoken or written about killing themself?*   * Yes * No * Unknown | | | |  | | | | | |
| *Previous suicide attempts/ideations?* ***If yes, please explain how and when:***   * Yes * No * Unknown | | | |  | | | | | |
| *Hospitalized for suicide attempts?* ***If yes, when?***   * Yes * No * Unknown | | | |  | | | | | |
| *Currently suicidal?*   * Yes * No * Unknown | | | |  | | | | | |
| *Has your client received prior treatment from mental health services?* ***If yes, indicate below:***   * Yes * No * Unknown | | | |  | | | | | |
| ***Treatment Location: Treatment Date:*** | | | | **Describe:** | | | | | |
| *If any treatment program was NOT completed, please provide details:* | | | |  | | | | | |
|  | | | | | | | | | |
| **G. Social Functioning** | | | | | | | | | |
| *Is there any known history of sexual abuse?* | | | | | | | * Yes * No * Unknown | | |
| *Is there any known history of physical abuse?* | | | | | | | * Yes * No * Unknown | | |
| *Is there any history of family violence that the client may have been witness to?* | | | | | | | * Yes * No * Unknown | | |
| *Any self-harming behaviour(s)?* | | | | | | | * Yes * No * Unknown | | |
| Please indicate which (if any) of the following issues have been a part of your client’s family life and provide pertinent details in the associated space: | | | | | | | | | |
| * Sexually aggressive behaviors or promiscuity (verbal or physical) * Uncontrollable outburst of anger * Suicidal ideation * Self-harm or mutilation * Physical aggressive, abusive, or threatening behaviors * Verbally aggressive abusive, or threatening behaviors * Depression * Suicidal attempts   ***Please specify details and dates:***  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | | | | | | | | | |
| * Recklessness/unhealthy risk taking * Co-dependent/controlling * ADHD (Attention Deficit Hyperactivity Disorder) * Running away * Severe and debilitating anxiety * Eating disorder   ***Please specify details and dates:***  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | | | | | | | | | |
| * Mental Disorder * Difficulty following rules or regulations * Substance withdrawal (detoxification) * Other destructive behaviours (i.e., vandalism, arson) * FAS/FAE (Fetal Alcohol Syndrome/Fetal Alcohol Effects) * Intellectual Development Disability * Dislike of or disregard for the authority figures * Medical complications that may affect treatment | | | | | | | | | |
| *Does your client go to school?*   * Yes * No * Unknown | | | | *Child Welfare Involvement?*   * Yes * No * Unknown | | | | | |
|  | | | | | | | | | |
| **H. Historical Trauma Event** | | | | | | | | | |
| *Has your client experienced historical trauma?* | | | | | | | | * Yes * No * Unknown | |
| *What kind of historical trauma has your client experienced?*   * Attended residential school * Experienced trauma in residential school * Experienced physical abuse (not residential school) * Experienced emotional abuse (not residential school) * Experienced sexual abuse (not residential school) * Experienced multiple foster care placements * Experienced trauma in foster care * Was separated from parents/family for other reasons * A family member/friend attempted suicide in the past year * Experienced natural death of a family/friend in the past year * Experienced death of a family member/friend in the past year * Experienced multiple deaths in my community in the past year * Experienced disaster/crisis in my community in the past year * Parent(s) attended residential school * Grandparent(s) attended residential school * Child abuse * Intergenerational trauma * Relocation * PTSD * Sixties Scoop Survivor * Foster Placement * Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |