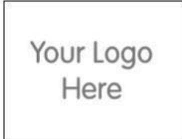

NNADAP/YSAC Family Intake & Referral Application

Spouse / Partner

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 of Application: (MM/DD/YYYY) ______________________________

Date Application Received by Treatment Centre: (MM/DD/YYYY) ________________

Name of the referral worker/agency: __________________________________

Phone number: ____

A. Client Information

Surname:

First Name:

Nickname/other name known by:

Date of Birth:

Age:

Sex:

Health Card Number:

Health Card Expiry Date:

Client Address:

Client Phone:

Language Spoken:

Language Preferred:

Language Understood:

Status Indian:

Treaty Number:

Band Name:

Other Indigenous Status:

Relationship Status:

Emergency Contact:

Next of Kin:

Relationship to Next of Kin:

Phone number of Next of Kin:

Gender:

- ☐ Female/Woman
- ☐ Male/Man
- ☐ Transgender
- ☐ Intersex
- ☐ Two-Spirited
- ☐ Gender Fluid
- ☐ No category describes me
- ☐ Decline to state
- ☐ Unknown

Income Source:

- ☐ Assistance (Social Assistance or Government)
- ☐ Disability
- ☐ Employment Income/Occupation
- ☐ Employment Insurance (EI)
- ☐ None
- ☐ Other

Employment Status:

- ☐ Self-Employed
- ☐ Full time Employment
- ☐ Part Time Employment
- ☐ Full Time Seasonal
- ☐ Part Time Seasonal
- ☐ Full Time Student
- ☐ Part Time Student
- ☐ Unemployed
- ☐ Social Assistance
- ☐ Disability Assistance
- ☐ Worker's Compensation
- ☐ Volunteer
- ☐ Retired
- ☐ Student
- ☐ Training
- ☐ Homemaker
- ☐ Other

Living Situation:

- ☐ On-reserve
- ☐ Off-reserve
- ☐ Urban
- ☐ Rural
- ☐ Immediate Family
- ☐ Extended Family
- ☐ Lives Alone
- ☐ Homeless
- ☐ Group Home
- ☐ Shelter
- ☐ Foster Care
- ☐ Common Law
- ☐ Friend
- ☐ Unknown

B. Legal Status

Has your client ever been in trouble with the law? ☐ Yes ☐ No

If yes, please explain:____

Is your client under any of these legal involvements?

☐ Criminal Court ☐ Family Court ☐ Drug Court Treatment ☐ Probation

☐ Charges Pending ☐ Court Referral ☐ Court Order ☐ Unknown

☐ Restorative Justice ☐ No Involvement

Gang Involvement: ☐ Yes ☐ No

Is your client involved in any of the following legal conditions?

☐ Bail ☐ Parole ☐ Temporary Absence ☐ No Involvement

If other, please specify:____

Was alcohol or any other substances; such as 'sniff' or other drugs involved in your client's legal dealing?

☐ Yes ☐ No ☐ Unknown ☐ Other

If other, please specify:____

Is your client seeking treatment as a result of a court order or family service order?

☐ Yes ☐ No ☐ Unknown

If yes, please explain:____

C. 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? ______________________

Does anyone else in their family use solvents/substances? ______________________
If yes, please specify: ____

Has anyone in their family or community received treatment for solvent/substance abuse?

☐ Yes ☐ No ☐ Unknown

If yes, please explain:____

Has the 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*

Substance misuse for last year: ____________________________

Has your client used substances for the last year? __________________________
If yes, complete a DUSI-R Assessment

D. Pre-Treatment

Has the client attended a pre-treatment counselling session with you?

☐ Yes ☐ No ☐ Unknown

If yes, please explain:____

Has the client attended any withdrawal management prior to coming to the treatment centre?

☐ Yes ☐ No ☐ Unknown

If yes, please explain:____

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	

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	
Has 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:***	
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.

- ☐ Physically aggressive, abusive, or threatening behaviors
- ☐ Sexually aggressive behaviors or promiscuity (verbal or physical)
- ☐ Verbally aggressive abusive, or threatening behaviors
- ☐ Uncontrollable outbursts of anger
- ☐ Depression
- ☐ Suicidal ideation
- ☐ Suicidal attempts
- ☐ Self-harm or mutilation

Please specify details and dates:

____

____

- ☐ Running away
- ☐ Recklessness/unhealthy risk taking
- ☐ Severe and debilitating anxiety
- ☐ Co-dependent/controlling
- ☐ Eating disorder
- ☐ ADHD (Attention Deficit Hyperactivity Disorder)

Please specify details and dates:

____

____

- ☐ FAS/FAE (Fetal Alcohol Syndrome/Fetal Alcohol Effects)
- ☐ Mental Disorder
- ☐ Intellectual Development Disability
- ☐ Difficulty following rules or regulations
- ☐ Dislike of or disregard for the authority figures
- ☐ Substance withdrawal (detoxification)
- ☐ Medical complications that may affect treatment
- ☐ Other destructive behaviors (ie. vandalism, arson)

Does your client go to school?
☐ Yes ☐ No

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

☐ Experiences physical abuse (not residential school)

☐ Experienced emotional abuse (not residential school)

☐ Experienced sexual abuse (not residential school)

☐ Experienced trauma in foster care

☐ Experienced multiple foster care placements

☐ Was separated from parents/family for other reasons

☐ A family member/friend attempted suicide in the past year

☐ Experienced natural death oof 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: ____