NNADAP/YSAC Family Intake & Referral Application

Primary Participant

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 Received by Community Worker: (MM/DD/YYYY) _____

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

Name of the referral worker/agency: _____

Phone number: _____

Program start date(s) participant is willing to enter treatment on (MM/DD/YYYY): _____

_____

If the participant is flexible and willing to enter treatment at any of multiple program start dates, please list all viable dates, however, participant will only be permitted to attend one session.

Your participant is applying to the program as:

- ☐ Single mom with children
- ☐ Single dad with children
- ☐ Couple with children
- ☐ Couple with no children
- ☐ Extended family with children

Number of Children Attending the Program: _____

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: ☐ Female/Woman ☐ Male/Man ☐ Transgender ☐ Intersex ☐ Two-Spirited ☐ Gender Fluid ☐ No category describes me ☐ Unknown ☐ Decline to State	Client Address:		Client Phone:
Language Spoken: ☐ English ☐ French	Language Preferred:		Language Understood:

Nation Status: ☐ First Nation Non-Status ☐ First Nation Status ☐ Inuit Non-Status ☐ Recognized Inuit ☐ Métis ☐ Client Not Elidigable 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:	Next of Kin Phone:

Education: ☐ Less than grade 8 ☐ Completed high school ☐ Not completed high school ☐ Completed post-secondary ☐ Some post-secondary	Literacy Level: ☐ Illiterate ☐ Literate ☐ Needs assistance	Income Source: ☐ Assistance (Social Assistance or Government) ☐ Disability ☐ Employment Income/Occupation ☐ Employment Insurance (EI) ☐ None ☐ Other

Employment Status:

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

Living Situation:

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

Is this family receiving any additional supports from Jordan's Principle Programs?

☐ Yes ☐ No ☐ Unsure

If yes, please describe:

B. Legal Status

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

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
- ☐ Restorative Justice
- ☐ No Involvement
- ☐ Unknown

Is the client under any of the following legal conditions?

- ☐ Bail
- ☐ Parole
- ☐ Temporary Absence Order
- ☐ No Involvement
- ☐ Unknown
- ☐ Other

If other, please specify:

Gang Involvement: ☐ Yes ☐ No ☐ Unknown

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

- ☐ Yes
- ☐ No
- ☐ Other
- ☐ Unknown

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. Children					
Other children and their child welfare status ***(Not attending treatment immediately):***					
Name	Date of Birth	Provincial Health Number & Expiry Date	Status #	Sex	Custody Information
				☐ Female ☐ Male ☐ Other: _____	☐ Customary Traditional ☐ Adoption ☐ Biological ☐ Kinship/Foster ☐ Recent Apprehension ☐ Voluntary Family Services ☐ Orders of Supervision ☐ Unsupervised Visitation ☐ Continued Supervision ☐ Temporary Supervision ☐ Voluntary Placement Agreement ☐ Continuous Care (Ongoing Family Services)
				☐ Female ☐ Male ☐ Other: _____	☐ Customary Traditional ☐ Adoption ☐ Biological ☐ Kinship/Foster ☐ Recent Apprehension ☐ Voluntary Family Services ☐ Orders of Supervision ☐ Unsupervised Visitation ☐ Continued Supervision ☐ Temporary Supervision ☐ Voluntary Placement Agreement ☐ Continuous Care (Ongoing Family Services)
				☐ Female ☐ Male ☐ Other: _____	☐ Customary Traditional ☐ Adoption ☐ Biological ☐ Kinship/Foster ☐ Recent Apprehension ☐ Voluntary Family Services ☐ Orders of Supervision ☐ Unsupervised Visitation ☐ Continued Supervision

					☐ Temporary Supervision ☐ Voluntary Placement Agreement ☐ Continuous Care (Ongoing Family Services)
				☐ Female ☐ Male ☐ Other: ________	☐ Customary Traditional ☐ Adoption ☐ Biological ☐ Kinship/Foster ☐ Recent Apprehension ☐ Voluntary Family Services ☐ Orders of Supervision ☐ Unsupervised Visitation ☐ Continued Supervision ☐ Temporary Supervision ☐ Voluntary Placement Agreement ☐ Continuous Care (Ongoing Family Services)

Children's education and social status ***(Not attending treatment immediately):***

Child	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
		☐ Yes ☐ No ☐ Unknown	☐ Yes ☐ No ☐ Unknown	☐ Yes ☐ No ☐ Unknown	☐ Yes ☐ No ☐ Unknown	☐ Yes ☐ No ☐ Unknown
		☐ Yes ☐ No ☐ Unknown	☐ Yes ☐ No ☐ Unknown	☐ Yes ☐ No ☐ Unknown	☐ Yes ☐ No ☐ Unknown	☐ Yes ☐ No ☐ Unknown
		☐ Yes ☐ No ☐ Unknown	☐ Yes ☐ No ☐ Unknown	☐ Yes ☐ No ☐ Unknown	☐ Yes ☐ No ☐ Unknown	☐ 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?	

Does anyone else in their family use solvents/substances?

- ☐ Yes
- ☐ No
- ☐ Unknown

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 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. Pre-Treatment

Has the client attended a pre-treatment counselling session with you? **If yes, please explain:**	☐ Yes ☐ No ☐ Unknown
Has the client attended any withdrawal management prior to coming to the treatment centre? **If yes, please explain:**	☐ Yes ☐ No ☐ Unknown

F. 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	

G. 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:**	**Describe:**
If any treatment program was NOT completed, please provide details:	

Has your primary participant participated in other programs/services i.e., Relationship counselling, anger management or depression?

☐ Yes
☐ No
☐ Unknown

If yes, when and describe:

Year	Treatment Centre	Type of Addiction	Completed	Comments
			☐ Yes ☐ No ☐ Unknown	
			☐ Yes ☐ No ☐ Unknown	
			☐ Yes ☐ No ☐ Unknown	
			☐ Yes ☐ No ☐ Unknown	

Reasons for currently requesting treatment (please comment on motivation and participant strength):

_____

_____

_____

H. 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:

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

Please specify details and dates:

_____

_____

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

Please specify the eating disorder:

_____

_____

- ☐ 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
- ☐ Mental Disorder
- ☐ Difficulty following rules or regulations
- ☐ Substance withdrawal (detoxification)
- ☐ Other destructive behaviors (i.e., vandalism, arson)

Does your client go to school?

- ☐ Yes
- ☐ No
- ☐ Unknown

Child Welfare Involvement?

- ☐ Yes
- ☐ No
- ☐ Unknown

I. Historical Trauma Event

Has your client experienced historical trauma?

- ☐ Yes
- ☐ No
- ☐ Unknown

What kind of historical trauma has your client experienced? Please select.

- ☐ 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: _____

J. Client's Stage of Readiness

- ☐ Pre-contemplation – Not considering change, resistant to change
- ☐ Contemplation – Unsure of whether to change, chronic indecision
- ☐ Determination – Preparation; committed to changing behaviour within one month
- ☐ Action – Begin behaviour change
- ☐ Maintenance – Behaviour change has persisted for 6 months or more

Please list any questions or concerns the client has indicated during the intake process:

_____
_____
_____
_____
_____
_____

NNADAP/YSAC Family Intake & Referral Application

Spouse / Partner

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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 Received by Community Worker: (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 or other name known by:		Date of Birth:	
Health Card Number:	Health Card Expiry Date:	Age:	Sex: ☐ Female ☐ Male
Gender: ☐ Female/Woman ☐ Male/Man ☐ Transgender ☐ Intersex ☐ Two-Spirited ☐ Gender Fluid ☐ No category describes me ☐ Unknown ☐ Decline to State	Client Address:		Client Phone Number:
Language Spoken: ☐ English ☐ French	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:	Next of Kin Phone Number:

Education: ☐ Less than grade 8 ☐ Completed high school ☐ Not completed high school ☐ Completed post-secondary ☐ Some post-secondary	Literacy Level: ☐ Illiterate ☐ Literate ☐ Needs assistance	Income Source: ☐ Assistance (Social Assistance or Government) ☐ Disability ☐ Employment Income/Occupation ☐ Employment Insurance (EI) ☐ None ☐ Other

Employment Status:

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

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 ☐ Unknown

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
- ☐ Restorative Justice
- ☐ No Involvement
- ☐ Unknown

Is your client under any of the following legal conditions?

- ☐ Bail
- ☐ Parole
- ☐ Temporary Absence Order
- ☐ No Involvement
- ☐ Other
- ☐ Unknown

If other, please specify:

Gang Involvement: ☐ Yes ☐ No ☐ Unknown

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

- ☐ Yes
- ☐ No
- ☐ Other
- ☐ Unknown

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 drugs?

Does anyone else in their family use solvents/substances?

- ☐ Yes
- ☐ No
- ☐ Unknown

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

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.

D. Pre-Treatment

Has the client attended a pre-treatment counselling session with you? **If yes, please explain:**	☐ Yes ☐ No ☐ Unknown
Has the client attended any withdrawal management prior to coming to the treatment centre? **If yes, please explain:**	☐ Yes ☐ No ☐ Unknown

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	
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:

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

Please specify details and dates:

_____

_____

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

Please specify details and dates:

_____

_____

- ☐ 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
- ☐ Mental Disorder
- ☐ Difficulty following rules or regulations
- ☐ Substance withdrawal (detoxification)
- ☐ Other destructive behaviours (i.e., vandalism, arson)

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: _____

NNADAP/YSAC Family Intake & Referral Application

Child / Dependent #1

PLEASE COMPLETE A CHILD APPLICATION FOR EACH CHILD ATTENDING THE PROGRAM

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: _____

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: ☐ Female/Woman ☐ Gender Fluid ☐ Male/Man ☐ No category describes me ☐ Transgender ☐ Intersex ☐ Unknown ☐ Two-Spirited ☐ Decline to State	Client Address:		Client Phone:
Language Spoken: ☐ English ☐ French	Language Preferred:		Language Understood:

Nation Status: ☐ First Nation Non-Status ☐ Recognized Inuit ☐ First Nation Status ☐ Métis ☐ Inuit Non-Status ☐ 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:	Next of Kin Phone Number:
Education: ☐ Less than grade 8 ☐ Completed high school ☐ Not completed high school ☐ Completed post-secondary ☐ Some post-secondary	Literacy Level: ☐ Illiterate ☐ Literate ☐ Needs assistance

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

Custody Information:

- ☐ Customary Traditional
- ☐ Adoption
- ☐ Biological
- ☐ Kinship/Foster
- ☐ Recent Apprehension
- ☐ Voluntary Family Services
- ☐ Orders of Supervision
- ☐ Unsupervised Visitation
- ☐ Continued Supervision
- ☐ Temporary Supervision
- ☐ Voluntary Placement Agreement
- ☐ Continuous Care (Ongoing 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. Chemical Use History - *Substance misuse prior to treatment history:*

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.

D. 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:	

E. 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:

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

Please specify details and dates:

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

Please specify details and dates:

- ☐ 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
- ☐ Mental Disorder
- ☐ Difficulty following rules or regulations
- ☐ Substance withdrawal (detoxification)
- ☐ Other destructive behaviours (i.e., vandalism, arson)

Does your client go to school?	*Child Welfare Involvement?*
☐ Yes ☐ No ☐ Unknown	☐ 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: _____

NNADAP/YSAC Family Intake & Referral Application

Child / Dependent #2

PLEASE COMPLETE A CHILD APPLICATION FOR EACH CHILD ATTENDING THE PROGRAM

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: _____

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: ☐ Female/Woman ☐ Gender Fluid ☐ Male/Man ☐ No category describes me ☐ Transgender ☐ Intersex ☐ Unknown ☐ Two-Spirited ☐ Decline to State	Client Address:		Client Phone:
Language Spoken: ☐ English ☐ French	Language Preferred:		Language Understood:
Nation Status: ☐ First Nation Non-Status ☐ Recognized Inuit ☐ First Nation Status ☐ Métis ☐ Inuit Non-Status ☐ 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:		Next of Kin Phone Number:	
Education: ☐ Less than grade 8 ☐ Completed high school ☐ Not completed high school ☐ Completed post-secondary ☐ Some post-secondary		Literacy Level: ☐ Illiterate ☐ Literate ☐ Needs assistance	

Living Situation:

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

Custody Information:

- ☐ Customary Traditional
- ☐ Adoption
- ☐ Biological
- ☐ Kinship/Foster
- ☐ Recent Apprehension
- ☐ Voluntary Family Services
- ☐ Orders of Supervision
- ☐ Unsupervised Visitation
- ☐ Continued Supervision
- ☐ Temporary Supervision
- ☐ Voluntary Placement Agreement
- ☐ Continuous Care (Ongoing 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. Chemical Use History - *Substance misuse prior to treatment history:*

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.

D. 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:	

E. 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:

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

Please specify details and dates:

_____

_____

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

Please specify details and dates:

_____

_____

- ☐ 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
- ☐ Mental Disorder
- ☐ Difficulty following rules or regulations
- ☐ Substance withdrawal (detoxification)
- ☐ Other destructive behaviours (i.e., vandalism, arson)

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: _____

NNADAP/YSAC Family Intake & Referral Application

Child / Dependent #3

PLEASE COMPLETE A CHILD APPLICATION FOR EACH CHILD ATTENDING THE PROGRAM

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: _____

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: ☐ Female/Woman ☐ Gender Fluid ☐ Male/Man ☐ No category describes me ☐ Transgender ☐ Intersex ☐ Unknown ☐ Two-Spirited ☐ Decline to State	Client Address:		Client Phone:
Language Spoken: ☐ English ☐ French	Language Preferred:		Language Understood:

Nation Status: ☐ First Nation Non-Status ☐ Recognized Inuit ☐ First Nation Status ☐ Métis ☐ Inuit Non-Status ☐ 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:	Next of Kin Phone Number:
Education: ☐ Less than grade 8 ☐ Completed high school ☐ Not completed high school ☐ Completed post-secondary ☐ Some post-secondary	Literacy Level: ☐ Illiterate ☐ Literate ☐ Needs assistance

Living Situation:

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

Custody Information:

- ☐ Customary Traditional
- ☐ Adoption
- ☐ Biological
- ☐ Kinship/Foster
- ☐ Recent Apprehension
- ☐ Voluntary Family Services
- ☐ Orders of Supervision
- ☐ Unsupervised Visitation
- ☐ Continued Supervision
- ☐ Temporary Supervision
- ☐ Voluntary Placement Agreement
- ☐ Continuous Care (Ongoing 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. Chemical Use History - *Substance misuse prior to treatment history:*

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.

D. 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:	

E. 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:

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

Please specify details and dates:

_____

_____

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

Please specify details and dates:

_____

_____

- ☐ 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
- ☐ Mental Disorder
- ☐ Difficulty following rules or regulations
- ☐ Substance withdrawal (detoxification)
- ☐ Other destructive behaviours (i.e., vandalism, arson)

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: _____

NNADAP/YSAC Family Intake & Referral Application

Child / Dependent #4

PLEASE COMPLETE A CHILD APPLICATION FOR EACH CHILD ATTENDING THE PROGRAM

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: _____

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: ☐ Female/Woman ☐ Gender Fluid ☐ Male/Man ☐ No category describes me ☐ Transgender ☐ Intersex ☐ Unknown ☐ Two-Spirited ☐ Decline to State	Client Address:		Client Phone:
Language Spoken: ☐ English ☐ French	Language Preferred:		Language Understood:

Nation Status: ☐ First Nation Non-Status ☐ Recognized Inuit ☐ First Nation Status ☐ Métis ☐ Inuit Non-Status ☐ 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:	Next of Kin Phone Number:
Education: ☐ Less than grade 8 ☐ Completed high school ☐ Not completed high school ☐ Completed post-secondary ☐ Some post-secondary	Literacy Level: ☐ Illiterate ☐ Literate ☐ Needs assistance

Living Situation:

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

Custody Information:

- ☐ Customary Traditional
- ☐ Adoption
- ☐ Biological
- ☐ Kinship/Foster
- ☐ Recent Apprehension
- ☐ Voluntary Family Services
- ☐ Orders of Supervision
- ☐ Unsupervised Visitation
- ☐ Continued Supervision
- ☐ Temporary Supervision
- ☐ Voluntary Placement Agreement
- ☐ Continuous Care (Ongoing 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. Chemical Use History - *Substance misuse prior to treatment history:*

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.

D. 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:	

E. 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:

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

Please specify details and dates:

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

Please specify details and dates:

- ☐ 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
- ☐ Mental Disorder
- ☐ Difficulty following rules or regulations
- ☐ Substance withdrawal (detoxification)
- ☐ Other destructive behaviours (i.e., vandalism, arson)

Does your client go to school?	*Child Welfare Involvement?*
☐ Yes ☐ No ☐ Unknown	☐ 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: _____

NNADAP/YSAC Family Intake & Referral Application

Child / Dependent #5

PLEASE COMPLETE A CHILD APPLICATION FOR EACH CHILD ATTENDING THE PROGRAM

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: _____

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: ☐ Female/Woman ☐ Gender Fluid ☐ Male/Man ☐ No category describes me ☐ Transgender ☐ Intersex ☐ Unknown ☐ Two-Spirited ☐ Decline to State	Client Address:		Client Phone:
Language Spoken: ☐ English ☐ French	Language Preferred:		Language Understood:

Nation Status: ☐ First Nation Non-Status ☐ Recognized Inuit ☐ First Nation Status ☐ Métis ☐ Inuit Non-Status ☐ 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:	Next of Kin Phone Number:
Education: ☐ Less than grade 8 ☐ Completed high school ☐ Not completed high school ☐ Completed post-secondary ☐ Some post-secondary	Literacy Level: ☐ Illiterate ☐ Literate ☐ Needs assistance

Living Situation:

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

Custody Information:

- ☐ Customary Traditional
- ☐ Adoption
- ☐ Biological
- ☐ Kinship/Foster
- ☐ Recent Apprehension
- ☐ Voluntary Family Services
- ☐ Orders of Supervision
- ☐ Unsupervised Visitation
- ☐ Continued Supervision
- ☐ Temporary Supervision
- ☐ Voluntary Placement Agreement
- ☐ Continuous Care (Ongoing 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. Chemical Use History - *Substance misuse prior to treatment history:*

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.

D. 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:	

E. 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:

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

Please specify details and dates:

_____

_____

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

Please specify details and dates:

_____

_____

- ☐ 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
- ☐ Mental Disorder
- ☐ Difficulty following rules or regulations
- ☐ Substance withdrawal (detoxification)
- ☐ Other destructive behaviours (i.e., vandalism, arson)

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: _____

NNADAP/YSAC Family Intake & Referral Application

Child / Dependent #6

PLEASE COMPLETE A CHILD APPLICATION FOR EACH CHILD ATTENDING THE PROGRAM

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: _____

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: ☐ Female/Woman ☐ Gender Fluid ☐ Male/Man ☐ No category describes me ☐ Transgender ☐ Intersex ☐ Unknown ☐ Two-Spirited ☐ Decline to State	Client Address:		Client Phone:
Language Spoken: ☐ English ☐ French	Language Preferred:		Language Understood:

Nation Status: ☐ First Nation Non-Status ☐ Recognized Inuit ☐ First Nation Status ☐ Métis ☐ Inuit Non-Status ☐ 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:	Next of Kin Phone Number:
Education: ☐ Less than grade 8 ☐ Completed high school ☐ Not completed high school ☐ Completed post-secondary ☐ Some post-secondary	Literacy Level: ☐ Illiterate ☐ Literate ☐ Needs assistance

Living Situation:

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

Custody Information:

- ☐ Customary Traditional
- ☐ Adoption
- ☐ Biological
- ☐ Kinship/Foster
- ☐ Recent Apprehension
- ☐ Voluntary Family Services
- ☐ Orders of Supervision
- ☐ Unsupervised Visitation
- ☐ Continued Supervision
- ☐ Temporary Supervision
- ☐ Voluntary Placement Agreement
- ☐ Continuous Care (Ongoing 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. Chemical Use History - *Substance misuse prior to treatment history:*

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.

D. 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:	

E. 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:

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

Please specify details and dates:

_____

_____

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

Please specify details and dates:

_____

_____

- ☐ 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
- ☐ Mental Disorder
- ☐ Difficulty following rules or regulations
- ☐ Substance withdrawal (detoxification)
- ☐ Other destructive behaviours (i.e., vandalism, arson)

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?

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- ☐ 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: _____