



Chief Red Bear
CHILDREN'S LODGE

REFERRAL INFORMATION

DATE _____

PERSONAL INFORMATION:

Individual's Name: _____

Date of Birth: _____ Birthplace: _____

Health Number: _____ Treaty Number: _____

Current Address: _____

Is English the Individual's first language (Please circle one): **Yes** or **No**

If not, what language is spoken at home: _____

Individuals Parents Names:

Mother: _____

Father: _____

Spouse Name: _____

Date of Birth: _____ Birthplace: _____

Health Number: _____ Treaty Number: _____

Current Address: _____

Is English the Individual's first language (Please circle one): **Yes** or **No**

If not, what language is spoken at home: _____

Individuals Parents Names:

Mother: _____

Father: _____

ASSESSMENT:

Copies of Birth Certificate/Live Birth, Social Insurance Number (if available), Documentation of involvement with Ministry Social Services, Documentation of Involvement in the legal System and Immunization record(s) are required **prior** to the individual's placement in our program. Please see the following check list of required documentation.

- Health Service Card and Number
- Band Treaty Number (if applicable)
- Birth Certificate
- Social Insurance Number Card (if applicable)
- Documentation (Section 9, Long Term Order, etc.)
- Immunization record
- Completed Family Background Questionnaire (attached)
- Copy of Probation Order, Undertaking, etc.

Please attach copies of the following assessments if they have been completed.

- Psychological Assessment
- Psychiatric Assessment
- Educational Assessment
- Assessment of drug and alcohol dependencies
- Family Assessment (genogram, description of interpersonal dynamics, identified strengths, problem areas, a safety assessment determining the need for out-of-home care, and current support systems).
- Addictions Assessment (where applicable)
- Other: _____

REFERRAL AGENCY:

Name of Referral Agency: _____

Address: _____

Phone Number: _____ Fax Number: _____

E-mail Address: _____

Primary Contact Person(s): _____

Please direct inquiries and forward the completed referral to:

Successful candidate will be contacted to arrange an admission date and time for the admission meeting. We encourage family members and supports to participate in this meeting.

FAMILY INFORMATION

List all children of individual(s).

Name: _____ Male or Female (Please circle) Age: _____

Live with parent(s) **yes** or **no**

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Live with parent(s) **yes** or **no**

Name: _____ Male or Female (Please circle) Age: _____

Live with parent(s) **yes** or **no**

Describe any significant aspects of the family situation that may impact on the individual(s) or be important in the treatment process (i.e., neglect, physical/emotional/sexual abuse, parental substance abuse, domestic violence, family involvement in the criminal justice system).

Please identify the appropriate family members who are to participate in:

Family Workshops: _____

Family Visits: _____

Family Telephone Calls: _____

Family Workshops: _____

Family Visits: _____

Family Telephone Calls: _____

Family Workshops: _____

Family Visits: _____

Family Telephone Calls: _____

Please list the name(s) of any individuals that is **NOT** to have contact with Family:

Name: _____ **Male or Female** (Please circle)

Comments: _____

Name: _____ **Male or Female** (Please circle)

Comments: _____

Name: _____ **Male or Female** (Please circle)

Comments: _____

MEDICAL HISTORY:

Family Doctor: _____ Phone Number: _____

Address: _____

Date of last examination: _____

Results/Comments:

Does anyone in the family suspect or confirmed developmental challenges (i.e., Fetal alcohol exposure, ADHD, etc.) _____

Has any of the family members been hospitalized since birth? (Please circle) **Yes** or **No**

If yes, describe the reason _____

Is any family members on medications? (Please circle) **Yes** or **No**

If yes, describe the type of medication, list administration times, addition comments

Are there any ongoing health concerns? (i.e.: allergies, chronic problems, food relations, etc.)

Yes or **No** (Please circle)

If yes, what are they:

Does the individual have any eating or sleeping problems:

Yes or **No** (Please circle)

If yes, what are they:

SOLVENT/DRUG ABUSE HISTORY:

Does any of the family members use tobacco? (Please circle) **Yes** or **No**

If yes, please list the name(s) of family member.

Does the individual(s) use alcohol, drugs, or solvents? (Please circle) **Yes** or **No**

If yes, describe usage, age at which use started, frequency and extent:

Describe the pattern of alcohol and drug use within the family system.

SOCIAL HISTORY:

List all placements the individual(s) has been in (i.e., foster homes, group homes, custody facilities, relatives, shelters etc.), the dates of the placement and the reasons for moving. (Use additional sheet, if necessary).

Placement:

Date of Intake: _____ Date of discharge:

Reason for move: _____

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Date of Intake: _____ Date of discharge:

Reason for move: _____

COMMUNITY:

How do you spend your free time? _____

Describe your peers: _____

List your major strengths: _____

List your major challenges: _____

List your major strengths: _____

List your major challenges: _____

What are the major problems to be addressed while at Sacred Wolf Lodge (i.e.: self-harm behaviors, aggression, substance abuse, separation and loss, sexual victimization/perpetration, attachment issues, criminal behaviors, etc.)? _____

What is the anticipated period? _____

What is the discharge plan? _____

Are there any special conditions with respect to placement? (Please circle) **Yes** or **No**

If yes, what are they _____

Has any of family members been involved in any illegal activity? (Please Circle) **Yes** or **No**

Have the police become involved? (Please Circle) **Yes** or **No**

If yes, list the charges, court dates and dispositions and attach relevant documentation (i.e.: undertaking, probation, community service orders, subpoena to witness, etc.)

Individual worker's Information:

Name: _____ Phone Number: _____

E-mail Address: _____

OTHER INFORMATION:

Please provide a summary of why the Individual(s) has been referred to the Sacred Wolf Lodge:

PLEASE SIGN AND DATE WHEN COMPLETED

Completed by (Print): _____ Initials: _____

Date: _____

Support Worker/MSS: _____

Date: _____

OFFICE USE ONLY

Sacred Wolf Lodge Management: _____

Date: _____

Chief Red Bear Children's Lodge CEO: _____

Date: _____

CRBCL Family Liaison Worker: _____

Date: _____