

## Informed Consent for Treatment

### Section 1: ADMISSION INFORMATION

Referral Date:		
Referral Agent Name:	Position:	
Organization:		
P.O. Box/Address:	Town/City:	
Province:	Postal:	Email:
Telephone:	Fax:	Cell phone (optional):

### Section 2: PROGRAM ADMISSION

Please select the program you are consenting to.

<input type="checkbox"/> <b>Kihew House, Sturgeon County</b> 26130 TWP Road 572 Sturgeon County, AB T0G 1L1 (NE corner of Range Road 262 & Township Road 572 in Sturgeon County) 780-961-3200 <a href="mailto:programmanager@nightwind.ca">programmanager@nightwind.ca</a>	<input type="checkbox"/> <b>Thunderbird Landing, Tawatinaw Valley</b> 240068 TWP RD 620 Athabasca County, AB T9S 1R3 (East of Range Road 241A on Township Road 620 in Athabasca County) 780-698-2595 <a href="mailto:teamleader@nightwind.ca">teamleader@nightwind.ca</a>	<input type="checkbox"/> <b>Grandmother Turtle House, Westlock</b> 10516 102 Street Westlock, AB T7P 1K4 780-349-7010 <a href="mailto:programmanager@nightwind.ca">programmanager@nightwind.ca</a>  Please note youth new to NWTC require youth to stabilize at least 4 weeks at Kihew or Thunderbird Landing.
<b>Youth Initials</b>	<b>Parent/Caseworker Initials</b>	<b>NWTC Staff Initials</b>

### Section 3: SHARED RESPONSIBILITIES

<b>NWTC</b> <ul style="list-style-type: none"> <li>• Provide birthday and Christmas gifts according to Ministry rates</li> <li>• Provide allowances according to Ministry rates</li> <li>• Support the child's case plan as outlined by the caseworker</li> <li>• Support the process for the re-unification of the family, where appropriate</li> <li>• Provide safe transportation</li> </ul>	<b>Caseworker / Guardian</b> <ul style="list-style-type: none"> <li>• Initial clothing to standard upon placement</li> <li>• Medical/dental/optical services</li> <li>• Therapeutic/counselling service (beyond that which is included in programming)</li> <li>• Exceptional expenses including travel for medical appointments, school fees, school supplies etc. (all require prior approval by the caseworker)</li> </ul>	
<b>Youth Initials</b>	<b>Parent/Caseworker Initials</b>	<b>NWTC Staff Initials</b>

### Section 4: FEES & EXPENSES

I understand that fees for service are not paid by persons-served, but rather, the referral agent who will be invoiced on a monthly basis pursuant to the per diem rates below. Please note that there are no refunds that apply to service fees and expenses. Select the per diem rate that applies.

Kihew House:  CFS contracted rate \$450 per diem,  non-CFS rate \$469 per diem



Grandmother Turtle House:  CFS contracted rate \$450 per diem,  non-CFS rate \$469 per diem

Thunderbird Landing:  CFS contracted rate \$490 per diem,  non-CFS rate \$498 per diem

Any additional costs above the agreed upon per diem must be negotiated prior to services being provided. I also agree to restitution in situations of property and/or facility destruction. The referral agent (Child and Family Services, Jordan's Principle, sponsoring First Nation) will discuss reasonable costs to repair and/or replace damage within the program. A Critical Incident Report (CIR) will be completed for applicable situations.

<b>Youth Initials</b>	<b>Parent/Caseworker Initials</b>	<b>NWTC Staff Initials</b>
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### Section 5: CONTACT AUTHORIZATION

Youth are encouraged to have contact with family members whom are involved in their life and serve as a positive influence on them. Please provide us with contacts with whom you would like your youth to have telephone contact with. Please be advised that you can add or remove contacts throughout treatment.

Name:	Relationship to Client:	Phone #:

<b>Youth Initials</b>	<b>Parent/Caseworker Initials</b>	<b>NWTC Staff Initials</b>
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### Section 6: AUTHORIZATION FOR RELEASE OF INFORMATION

I give my permission to release the following information to Nightwind Treatment Centre:

Birth Certificate     Medical Records     Assessment Reports     Alberta Health Care Number  
 School Records     Court Records     Other \_\_\_\_\_

I also give Nightwind Treatment Centre permission to release the following information to the school authority responsible for educational services:

Birth Certificate     Assessment Reports     School Records     Alberta Health Care Number

\*Please bring Birth Certificate and Alberta Health Care Number to the intake meeting.

<b>Youth Initials</b>	<b>Parent/Caseworker Initials</b>	<b>NWTC Staff Initials</b>
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### Section 7: AUTHORIZATION FOR NON-PRESCRIPTION DRUGS

Residential Group Care programs are required to have all non-prescription drugs (PRN) be authorized prior to their administration to individuals in residential care. The following non-prescription drugs may be administered to this youth on an "as required" basis.

PRN	Purpose	Authorized	PRN	Purpose	Authorized
Benylin	Cough	<input type="checkbox"/> Yes <input type="checkbox"/> No	Advil/Ibuprofen	Headache/inflammation	<input type="checkbox"/> Yes <input type="checkbox"/> No



Tylenol	Pain	<input type="checkbox"/> Yes <input type="checkbox"/> No	Melatonin	Natural sleep assist	<input type="checkbox"/> Yes <input type="checkbox"/> No
Buckley's	Cold/Flu	<input type="checkbox"/> Yes <input type="checkbox"/> No	Senokot	Natural laxative	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pepto-Bismol	Upset stomach	<input type="checkbox"/> Yes <input type="checkbox"/> No	Tums	Indigestion	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lactose Pills	Help digest milk	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
Benadryl	Allergies	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
Midol	Cramps	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
Gravol	Nausea	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No

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### Section 8: INTRUSIVE MEASURES

I do hereby consent and authorize Nightwind Treatment Centre staff to complete a room search and personal belongings search for the purposes of safety when there is reasonable cause to do so. Searches will always be completed to uphold the dignity and privacy of persons-served.

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### Section 9: SURVEILLANCE

I acknowledge that I am aware there are video cameras in the program to improve safety. These cameras are in public areas only and do not record areas such as bathrooms or bedroom doorways.

<b>Youth Initials</b>	<b>Parent/Caseworker Initials</b>	<b>NWTC Staff Initials</b>
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### Section 10: PHOTOGRAPHY

Sometimes NWTC takes photos of the clients at various activities, for inclusion in displays or student projects (youth names will not be included). We also require a recent picture for our emergency binder and client file. These photos will remain with the file after the youth leaves the program.

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### Section 11: RESTRICTIVE PROCEDURES

NWTC believes in a positive behaviour approach and employs a continuum of behavioural management strategies to prevent challenging behaviours. Restrictive procedures are used after all other behavioural interventions have been appropriately applied. In rare circumstances, physical restraint will only be used when an individual, or others, are at serious risk harm.

NWTC strictly prohibits the following forms of discipline:

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| <ul style="list-style-type: none"> <li>• Locked Confinement</li> <li>• Mechanical Restraints</li> <li>• Corporal Punishment</li> <li>• Humiliation and degrading Punishment</li> <li>• Physical and/or psychological punishment</li> <li>• Medication for the purposes of punishment</li> <li>• Deprivation of a child's rights</li> <li>• Painful adverse stimuli used in behaviour modification</li> <li>• Assignment of tasks that endanger safety</li> </ul> | <ul style="list-style-type: none"> <li>• Direct or indirect psychological or mental abuse</li> <li>• Inappropriate use of approved behaviour techniques</li> <li>• Intentionally harmful or abusive practices</li> <li>• Sleep deprivation</li> <li>• Chemical restraint</li> <li>• Withholding of meals</li> <li>• Withholding physical exercise and movement</li> <li>• Withholding spiritual observances</li> <li>• Withholding visits with Family or Child and Family Services Worker, Child's Advocate</li> </ul> |
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<b>Youth Initials</b>	<b>Parent/Caseworker Initials</b>	<b>NWTC Staff Initials</b>
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**Section 12: DISCONTINUATION OF SERVICES**

Discharge planning begins at intake and is developed throughout the treatment period. Any unplanned discharges will require (10) days notice in writing. NWTC and the caseworker will discontinue services in the following situations:

1. At the completion of the contacted time period;
2. at the point where the tasks identified in the Transition to Independence Plan have been accomplished;
3. at the point where the service objective on the Referral and Evaluation form have been met;
4. by mutual consent of all parties;
5. where it is demonstrated that the program has not met the needs of the child and alternate solutions are required and have been found;
6. when clients are deemed ready for discharge as agreed upon by the treatment team, which will include the caseworker and the program.

Youth Initials	Parent/Caseworker Initials	NWTC Staff Initials
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**Section 13: CONFLICT RESOLUTION**

Parents/guardians/caseworkers should contact the program lead directly with concerns. Escalating concerns resistant to resolution should be raised in writing with the CEO. Nightwind believes in being soft of people and hard on issues. Communication is most often the best solution to conflict that may occur and the acknowledgement that everyone involved wants our youth to be successful and all work should be focused on this objective. Youth may complete a client grievance procedure as shared in the Resident Handbook, or they can speak with any staff member for assistance. Youth also have the right to access the Child and Youth Advocate and their caseworker if they have a complaint/concern.

Youth Initials	Parent/Caseworker Initials	NWTC Staff Initials
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**Section 14: FINAL CONSENT**

I have read, understand, and agree to the initialed sections. I also understand that I can ask questions to clarify any of the consented section and I am also aware that I can withdraw my consent to participate in treatment at any time. Any further questions regarding the commitments made here can be clarified by contacting a member of the NWTC Service Team.

Signature of Youth:		Date:
Signature of Parent/ Caseworker:		Date:
Signature of NWTC Staff:		Date:

## Held Bed Agreement

I, \_\_\_\_\_ agree to pay a per diem rate of \_\_\_\_\_  
*Caseworker Name*  
 for a secured bed to be held for \_\_\_\_\_.  
*Youth Name*

This agreement for a held bed will begin on \_\_\_\_\_ until one of  
*Date*  
 the parties provides notice in writing.

Please check the per diem rate that applies:

Kihew House	<input type="checkbox"/> CFS contracted rate \$450 per diem <input type="checkbox"/> non-CFS rate \$469 per diem
Grandmother Turtle House	<input type="checkbox"/> CFS contracted rate \$450 per diem <input type="checkbox"/> non-CFS rate \$469 per diem
Thunderbird Landing	<input type="checkbox"/> CFS contracted rate \$490 per diem <input type="checkbox"/> non-CFS rate \$498 per diem
Caseworker/Guardian Signature:	
Supervisor Signature:	
NWTC Staff Signature:	



## Special Considerations

\* Please discuss these considerations with the program supervisor.

I, \_\_\_\_\_ require the following services  
*Caseworker Name*

upon intake and I agree to pay for these services for \_\_\_\_\_.  
*Youth Name*

Please check the requested considerations:

Kihew House	<input type="checkbox"/> one-on-one staffing at \$35/hr for _____ hours per day _____ days per week	Expires on:
Grandmother Turtle House	<input type="checkbox"/> one-on-one staffing at \$35/hr for _____ hours per day _____ days per week	Expires on:
Thunderbird Landing	<input type="checkbox"/> one-on-one staffing at \$38/hr for _____ hours per day _____ days per week	Expires on:
Transportation	<input type="checkbox"/> transportation services at 0.58/km and \$35/hr Description:	Date(s):
Materials	<input type="checkbox"/> clothes required:  <input type="checkbox"/> other items required:	Budget:  Budget:

Caseworker/Guardian Signature:

Supervisor Signature:

NWTC Staff Signature: