**Admission Package**

**YOUTH NAME:** Enter youth being considered for admission.

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| **Section 1: REFERRAL AGENT INFORMATION** | | | | | |
| Referral Date: Click to enter text. | | | | | |
| Referral Agent Name: Click to enter text. Position: Click to enter text. | | | | | |
| Organization: Click enter text. | | | | | |
| P.O. Box/Address: Click enter text. Town/City: Click to enter text. | | | | | |
| Province: Choose an item. Postal: Click to enter text. Email: Click to enter text. | | | | | |
| Telephone: Click to enter text. Fax: Click to enter text. Cell: Click to enter text. | | | | | |
| Supervisor Name: Click to enter text. | | | | | |
| Email: Click to enter text. Telephone: Click to enter text. | | | | | |
| Please select which program you are applying for admission: (You may select more than one) | | | | | |
| Kihew House, Sturgeon County   * 9-bed, Rural Treatment Program for young women ages 12-18 * Treatment program supporting abuse history, substance abuse, conflict * Trauma-informed care integrated into the program * Indigenous cultural teachings and experiences as the foundation of treatment aligned with the medicine wheel and seven sacred teachings. | | Stony Creek, Tawatinaw Valley   * 7-bed, Rural Co-Ed Treatment Program for youth ages 12-18 * Treatment program supporting abuse history, substance abuse, conflict * Trauma-informed care integrated into the program * Healing and skill-building through agricultural experiences, cultural teachings and treatment based on ten dimensions of wellness. | | Grandmother Turtle House, Westlock   * 4-bed, Small Town TSIL Program for young women 15-22 * Transition to Semi-Independent Living program * Trauma-informed care integrated into the program * Focus on daily living skills, school success, employment and transitioning to independence. * Please note youth new to NWTC require youth to stabilize at least 4 weeks at Kihew or Stony Creek. | |
| **Section 2: PARENT & GUARDIAN INFORMATION** | | | | | |
| Mother’s Name: Click enter text. Father’s Name: Click to enter text. | | | | | |
| Home Address: Click to enter text. Community: Click to enter text. | | | | | |
| P.O. Box/Address: Click to enter text. Town/City: Click to enter text. | | | | | |
| Province: Choose an item. Postal: Click to enter text. Email: Click to enter text. | | | | | |
| Telephone: Click to enter text. Fax: Click to enter text. Cell: Click to enter text. | | | | | |
| Legal Guardian Name: Click to enter text. | | | | | |
| Relationship to youth: Choose an item. | | | | | |
| Length and time as Guardian: Click to enter text. | | | | | |
| P.O. Box/Address: Click enter text. Town/City: Click to enter text. | | | | | |
| Province: Choose an item. Postal: Click to enter text. Email: Click to enter text. | | | | | |
| Telephone: Click to enter text. Fax: Click to enter text. Cell: Click to enter text. | | | | | |
| **Section 3: YOUTH INFORMATION** | | | | | |
| Surname: Click to enter text. First Name: Click to enter text. Middle Name: Click to enter text. | | | | | |
| Date of Birth(mm/dd/yy): Click to enter a date. Current Age: Choose an item. | | | | | |
| Sexual Gender: Choose an item. Identified Gender: Choose an item. | | | | | |
| Health Care No (6 digit): Click to enter text. Band No. (Treaty): Click to enter text. | | | | | |
| Please provide history of CPS issues / involvement  Click to enter text. | | | | | |
| Does the youth have any criminal history or outstanding charges?Yes No If yes, please describe by clicking to enter text. | | | | | |
| Does the youth have any sexual abuse/deviancy issues? Abused or Abuser? Yes No  If yes, please describe by clicking to enter text. | | | | | |
| How does the youth/child feel about this placement? Click to enter text. | | | | | |
| How do the parents/caregivers feel about the placement? Click to enter text | | | | | |
| Is there any history of the youth being violent/aggressive? Yes No If yes, please describe by clicking to enter text. | | | | | |
| What some of the youth’s strengths? Click to enter text | | | | | |
| What some interests that this youth has? Click to enter text. | | | | | |
| What are some of the positive things this youth uses to manage stress? Click to enter text. | | | | | |
| What are the short- and long-term goals for this youth? Click to enter text. | | | | | |
| Where do you see this youth living after this current successful placement? Click to enter text. | | | | | |
| **Section 3: MEDICATION INFORMATION** | | | | | |
| List any formal medical diagnosis: Click to enter text. | | | | | |
| Date of last visit to Dentist: Click to enter a date. | | | | | |
| Dentist Name: Click to enter text. Dentist Contact: Click to enter text. | | | | | |
| Date of last visit to Optometrist: Click to enter a date. | | | | | |
| Optometrist Name: Click to enter text. Optometrist Contact: Click to enter text. | | | | | |
| Date of last Medical visit: Click to enter a date. | | | | | |
| Current Medical Doctor Name: Click to enter text. Medical Contact: Click to enter text. | | | | | |
| Date of last Psychiatrist visit: Click to enter a date. | | | | | |
| Current Psychiatrist Name: Click to enter text. Psychiatrist contact: Click to enter text. | | | | | |
| Name of Current Medication | Medication dosage | | How long has med been prescribed? | | Reason for Medication |
| Click to enter text. | Click to enter text. | | Click to enter text. | | Click to enter text. |
| Click to enter text. | Click to enter text. | | Click to enter text. | | Click to enter text. |
| Click to enter text. | Click to enter text. | | Click to enter text. | | Click to enter text. |
| Click to enter text. | Click to enter text. | | Click to enter text. | | Click to enter text. |
| Click to enter text. | Click to enter text. | | Click to enter text. | | Click to enter text. |
| When was the last time their medication was reviewed? Click to enter a date. | | | | | |
| Are all immunizations for the youth up to date? Yes No Unsure | | | | | |
| Is this youth waiting on a specialist appointment? Yes No Unsure If yes, please describe by clicking to enter text. | | | | | |
| Current Medical Doctor Name: Click to enter text. Medical Clinic Name: Click to enter text. | | | | | |
| Medical Doctor contact information: Click to enter text. | | | | | |
| Does the youth have any allergies? Yes No If yes, please describe by clicking to enter text. | | | | | |
| Is there a current psychologist, psychiatrist and/or other mental health professional engaged with this youth? Yes No If yes, please describe by clicking to enter text. | | | | | |
| Other serious illness history: Click to enter text. | | | | | |
| Does the youth have a history of suicide attempts? Yes No If yes, please describe by clicking to enter text. | | | | | |
| **Substance Abuse Experience:** Has the youth tried any of the following? | | | | | |
| Huffing solvent/gas Yes No Suspected | | | If yes, please describe by clicking to enter text. | | |
| Marijuana Yes No Suspected | | | If yes, please describe by clicking to enter text. | | |
| Alcohol Yes No Suspected | | | If yes, please describe by clicking to enter text. | | |
| Cocaine Yes No Suspected | | | If yes, please describe by clicking to enter text. | | |
| Crack Yes No Suspected | | | If yes, please describe by clicking to enter text. | | |
| Ecstasy Yes No Suspected | | | If yes, please describe by clicking to enter text. | | |
| Crystal Meth Yes No Suspected | | | If yes, please describe by clicking to enter text. | | |
| Other Yes No Suspected | | | If yes, please describe by clicking to enter text. | | |
| Has the youth been admitted to addiction treatment before? Yes No Suspected | | | If yes, please describe by clicking to enter text. | | |
| **Health Concerns:**  Does the youth have any of the following health concerns? | | | | | |
| Eating Disorder Yes No Suspected | | | If yes, please describe by clicking to enter text. | | |
| Seizures Yes No Suspected | | | If yes, please describe by clicking to enter text. | | |
| Head Injury Yes No Suspected | | | If yes, please describe by clicking to enter text. | | |
| Infectious disease Yes No Suspected | | | If yes, please describe by clicking to enter text. | | |
| Hepatitis Yes No Suspected | | | If yes, please describe by clicking to enter text. | | |
| Diabetes Yes No Suspected | | | If yes, please describe by clicking to enter text. | | |
| Heart Condition Yes No Suspected | | | If yes, please describe by clicking to enter text. | | |
| Gastrointestinal Issues Yes No Suspected | | | If yes, please describe by clicking to enter text. | | |
| Bed wetting Yes No Suspected | | | If yes, please describe by clicking to enter text. | | |
| Sexually Transmitted Infection(s)  Yes No Suspected | | | If yes, please describe by clicking to enter text. | | |
| Physical Disability Yes No Suspected | | | If yes, please describe by clicking to enter text. | | |
| Respiratory Conditions Yes No Suspected | | | If yes, please describe by clicking to enter text. | | |
| Other Health problem Yes No Suspected | | | If yes, please describe by clicking to enter text. | | |
| **Psychological Health:** Does the youth have any of the following concerns? | | | | | |
| Physical Abuse Yes No Suspected | | | If yes, please describe by clicking to enter text. | | |
| Emotional Abuse Yes No Suspected | | | If yes, please describe by clicking to enter text. | | |
| Sexual Abuse Yes No Suspected | | | If yes, please describe by clicking to enter text. | | |
| Spiritual Abuse Yes No Suspected | | | If yes, please describe by clicking to enter text. | | |
| Anti-Social Yes No Suspected | | | If yes, please describe by clicking to enter text. | | |
| Grief Yes No Suspected | | | If yes, please describe by clicking to enter text. | | |
| Self-Harm Yes No Suspected | | | If yes, please describe by clicking to enter text. | | |
| Neglect/Abandonment Yes No Suspected | | | If yes, please describe by clicking to enter text. | | |
| Anger/Rage Yes No Suspected | | | If yes, please describe by clicking to enter text. | | |
| Shame Yes No Suspected | | | If yes, please describe by clicking to enter text. | | |
| Anxiety Yes No Suspected | | | If yes, please describe by clicking to enter text. | | |
| Sexual Identity Yes No Suspected | | | If yes, please describe by clicking to enter text. | | |
| Sleeping difficulties Yes No Suspected | | | If yes, please describe by clicking to enter text. | | |
| Impulsivity Yes No Suspected | | | If yes, please describe by clicking to enter text. | | |
| Self-destructive behaviours  Yes No Suspected | | | If yes, please describe by clicking to enter text. | | |
| Depression Yes No Suspected | | | If yes, please describe by clicking to enter text. | | |
| Suicide ideation Yes No Suspected | | | If yes, please describe by clicking to enter text. | | |
| Fire setting Yes No Suspected | | | If yes, please describe by clicking to enter text. | | |
| Cruelty to animals Yes No Suspected | | | If yes, please describe by clicking to enter text. | | |
| Other psychological challenges  Yes No Suspected | | | If yes, please describe by clicking to enter text. | | |
| **Section 4: EDUCATION INFORMATION** | | | | | |
| What school is the youth currently enrolled in? Click to enter text. | | | | | |
| P.O. Box/Address: Click enter text. Town/City: Click to enter text. | | | | | |
| Province: Choose an item. Postal: Click to enter text. Email: Click to enter text. | | | | | |
| Telephone: Click to enter text. Fax: Click to enter text. | | | | | |
| School contact name for person who knows youth: Click to enter text. | | | | | |
| When did the youth last attend school regularly? Click to enter text. | | | | | |
| Last grade completed: Click to enter text. Grade level youth is working at: Click to enter text. | | | | | |
| Has the youth completed any psycho-educational assessments? Yes No If yes, please describe by clicking to enter text. | | | | | |
| Does your client have an Individualized Program Plan from their previous school? Yes No If yes, please describe by clicking to enter text. | | | | | |
| Has the youth ever been expelled or suspended? Yes No If yes, please describe by clicking to enter text. | | | | | |
| What things work in helping the youth experience success in school? Click to enter text. | | | | | |
| What things do not work when getting the youth to complete school work? Click to enter text. | | | | | |
| What does the youth want to do when they grow up? Click to enter text. | | | | | |