**Informed Consent for Treatment**

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| **Section 1: ADMISSION INFORMATION** | | | | | | | | | | | | | | | |
| Referral Date: Click to enter a date. | | | | | | | | | | | | | | | |
| Referral Agent Name: Click to enter text. Position: Click to enter text. | | | | | | | | | | | | | | | |
| Organization: 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 2: PROGRAM ADMISSION** | | | | | | | | | | | | | | | |
| Please select the program you are consenting to. | | | | | | | | | | | | | | | |
| **Kihew House, Sturgeon County**  26130 TWP Road 572  Sturgeon County, AB  T0G 1L1  *(NE corner of Range Road 262 & Township Road 572 in Sturgeon County)*  780-961-3200  [programmanager@nightwind.ca](mailto:programmanager@nightwind.ca) | | | **Stony Creek, Tawatinaw Valley**  240068 TWP RD 620  Athabasca County, AB  T9S 1R3  *(East of Range Road 241A on Township Road 620 in Athabasca County)*  780-698-2595  [teamleader@nightwind.ca](mailto:teamleader@nightwind.ca) | | | | | | **Grandmother Turtle House, Westlock**  10516 102 Street  Westlock, AB  T7P 1K4  780-349-7010  [programmanager@nightwind.ca](mailto:programmanager@nightwind.ca)  Please note youth new to NWTC require youth to stabilize at least 4 weeks at Kihew or Stony Creek. | | | | | | |
| Youth Initials | | Referral Agent Initials | | | | | | | | NWTC Initials | | | | | |
| **Section 3: SHARED RESPONSIBILITIES** | | | | | | | | | | | | | | | |
| NWTC   * Provide birthday and Christmas gifts according to Ministry rates * Provide allowances according to Ministry rates * Support the child’s case plan as outlined by the caseworker * Support the process for the re-unification of the family, where appropriate * Provide safe transportation | | | | | | | Caseworker / Guardian   * Initial clothing to standard upon placement * Medical/dental/optical services * Therapeutic/counselling service (beyond that which is included in programming) * Exceptional expenses including travel for medical appointments, school fees, school supplies etc. (all require prior approval by the caseworker) | | | | | | | | |
| Youth Initials | | Referral Agent Initials | | | | | | | | NWTC Initials | | | | | |
| **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 (no equine),  non-CFS rate $489 per diem (includes equine) * Stony Creek:  CFS contracted rate $469 per diem (includes equine),  non-CFS rate $499 per diem (includes equine) * Grandmother Turtle House:  CFS contracted rate $450 per diem (no equine),  non-CFS rate $489 per diem (includes equine)   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. | | | | | | | | | | | | | | | |
| Youth Initials | | Referral Agent Initials | | | | | | | | NWTC Initials | | | | | |
| **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 #: | | | | |
| Click to enter text. | | | | Click to enter text. | | | | | | | Click to enter text. | | | | |
| Click to enter text. | | | | Click to enter text. | | | | | | | Click to enter text. | | | | |
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| Click to enter text. | | | | Click to enter text. | | | | | | | Click to enter text. | | | | |
| Youth Initials | | Referral Agent Initials | | | | | | | | | | | NWTC Initials | | |
| **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  Indigenous Services #  Other Click to add 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. | | | | | | | | | | | | | | | |
| Youth Initials | | Referral Agent Initials | | | | | | | | | | NWTC Initials | | | |
| **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 | Yes No | | | Advil/Ibuprofen | | | Headache/inflammation | | | | | | | Yes No |
| Tylenol | Pain | Yes No | | | Melatonin | | | Natural sleep assist | | | | | | | Yes No |
| Buckley’s | Cold/Flu | Yes No | | | Senokot | | | Natural laxative | | | | | | | Yes No |
| Pepto-Bismol | Upset stomach | Yes No | | | Tums | | | Indigestion | | | | | | | Yes No |
| Lactose Pills | Help digest milk | Yes No | | | Click to add other. | | | Click to add text. | | | | | | | Yes No |
| Benadryl | Allergies | Yes No | | | Click to add other. | | | Click to add text. | | | | | | | Yes No |
| Midol | Cramps | Yes No | | | Click to add other. | | | Click to add text. | | | | | | | Yes No |
| Gravol | Nausea | Yes No | | | Click to add other. | | | Click to add text. | | | | | | | Yes No |
| Youth Initials | | Referral Agent Initials | | | | | | | | | | NWTC Initials | | | |
| **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. | | | | | | | | | | | | | | | |
| Youth Initials | | Referral Agent Initials | | | | | | | | | | NWTC Initials | | | |
| **Section 9: SURVEILLANCE** | | | | | | | | | | | | | | | |
| I acknowledge that I am aware that 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. | | | | | | | | | | | | | | | |
| Youth Initials | | Referral Agent Initials | | | | | | | | | | | NWTC Initials | | |
| **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. | | | | | | | | | | | | | | | |
| Youth Initials | | Referral Agent Initials | | | | | | | | | | | NWTC Initials | | |
| **Section 11: CONFLICT RESOLUTION** | | | | | | | | | | | | | | | |
| Referral Agents should contact the program lead directly with any concerns they may have. Escalating concerns resistant to resolution should be shared in writing by contacting the Executive Director at ed@nightwind.ca. 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 that we all wish to work together to be focused on this objective. Youth who have concerns 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 an unresolved complaint/concern. | | | | | | | | | | | | | | | |
| Youth Initials | | Referral Agent Initials | | | | | | | | | | | NWTC Initials | | |
| **Section 12: 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: | | | | | | | | | | | | | | | |
| * Locked Confinement * Mechanical Restraints * Corporal Punishment * Humiliation and degrading Punishment * Physical and/or psychological punishment * Medication for the purposes of punishment * Deprivation of a child’s rights * Painful adverse stimuli used in behaviour modification * Assignment of tasks that endanger safety | | | | | | * Direct or indirect psychological or mental abuse * Inappropriate use of approved behaviour techniques * Intentionally harmful or abusive practices * Sleep deprivation * Chemical restraint * Withholding of meals * Withholding physical exercise and movement * Withholding spiritual observances * Withholding visits with Family or Child and Family Services Worker, Child’s Advocate | | | | | | | | | |
| Youth Initials | | Referral Agent Initials | | | | | | | | | | NWTC Initials | | | |
| **Section 13: 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 | | Referral Agent Initials | | | | | | | | | | | NWTC Initials | | |
| **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. | | | | | | | | | | | | | | | |
| Consent from Youth: | | | Please type name consenting to placement. | | | | | | | | | | | Click to enter a date. | |
| Signature of Referral Agent: | | | Please type name consenting to placement. | | | | | | | | | | | Click to enter a date. | |
| Signature of NWTC Staff: | | | Please type name consenting to placement. | | | | | | | | | | | Click to enter a date. | |

**Held Bed Agreement**

I**,** Click to add referral agent name.agree to pay a per diem rate of for a secured bed to be held for Click to add youth name. .

This agreement for a held bed will begin on Click to enter a date. until one of the parties provides notice in writing.

Please check 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 |
| Caseworker/Guardian Signature: Please type name to consent. | |
| Supervisor Signature: Please type name to consent. | |
| NWTC Staff Signature: Please type name to consent. | |

**Special Considerations**

*\* Please discuss these considerations with the program supervisor.*

I**,** Click to add referral agent name.require the following services upon intake and I agree to pay for these services for Click to add youth name. .

Please check the requested considerations:

|  |  |  |
| --- | --- | --- |
| Kihew House | one-on-one staffing at $35/hr for Click to add hours. hours per day  Click to add days. days per week | Expires on: Click to enter a date. |
| Grandmother Turtle House | one-on-one staffing at $38/hr for Click to add hours. hours per day  Click to add days. days per week | Expires on: Click to enter a date. |
| Thunderbird Landing | one-on-one staffing at $38/hr  Click to add hours. hours per day  Click to add days. days per week | Expires on: Click to enter a date. |
| Transportation | transportation services at 0.52/km and $25/hr  Description: Click to enter text. | Date(s): Click to enter text. |
| Materials | clothes required:  other items required: | Budget: Click to enter text.  Budget: Click to enter text. |
| Caseworker/Guardian Signature: Please type name to consent. | | |
| Supervisor Signature: Please type name to consent. | | |
| NWTC Staff Signature: Please type name to consent. | | |