



Cross Roads Youth Care

Intake / Pre-Admission

TO BE COMPLETED BY THE CASE WORKER BEFORE ADMISSION WITH A DELEGATION

Sex: Male or Female

Department Status: C.A. T.G.O. P.G.O.

Child Name: _____

Address: _____

C.Y.I.M #: _____

D.O.B: (y/m/d) _____

D.F.N.A. or Region: _____

Case Worker: _____

Case Worker Ph #: _____

Case Worker Fax: _____

Case Worker Email Address: _____

PAST & UPCOMING COURT HISTORY

Charge: _____

Number of charges: _____

Charge: _____

Number of charges: _____

Dates and reasons for upcoming court charges or court appearances. Young offender or Enhancement Act:

FAMILY INFORMATION

Fathers Name: _____

Phone #: _____

Address: _____

Occupation: _____

Mothers Name: _____

Phone #: _____

Address: _____

Occupation: _____

Marital Status of Parents: _____

FAMILY INFORMATION

Siblings

Name	Age	Natural, Half, Adopted, Etc.
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Is the Child Adopted? _____ Age at Adoption: _____

Other pertinent information related to current family:

MEDICAL INFORMATION

Name of Last Doctor: _____

Date of Last Medical: _____

(Please provide copy if within three months)

Special Medical Care, Prescriptions, Allergies, Diets, Etc.

Has a Suicide Risk Assessment been done? _____

By whom and when? _____

Treaty #: _____ Band: _____

A.H.C #: _____ Treatment Service Card #: _____

SCHOOL INFORMATION

Last School attended: _____ Grade: _____

Phone Number of Last School: _____

Attendance in Last School (Regular, Irregular) _____

Does the Youth have any Academics Assessments? _____

CONTACT LIST

Who May Visit With the Child?

Who may not visit with the child?

Recent Events leading up to the child requiring care:

(Case Worker Signature)

CONSENT TO TREATMENT

I, _____ do hereby consent to place _____
(Case Worker) *(Youth)*

at Cross Roads Youth Care for the purpose for treatment.

PLEASE CHECK THE APPLICABLE STATEMENTS

_____ I HAVE REVIEWED THE PRE-PLACEMENT PACKAGE AND AGREE THAT SERVICES AND TREATMENT WILL BE PROVIDED TO THE ABOVE NAMED CLIENT AS INDICATED IN THE PACKAGE.

_____ THE PRE-PLACEMENT PACKAGE HAS BEEN REVIEWED WITH THE ABOVE NAMED CLIENT AND HE/SHE AGRESS TO ADMISSION AND TREATMENT AS INDICATED IN THE PRE-PLACEMENT PACKAGE.

(SIGNATURE OF YOUTH)

_____ THE PRE-PLACEMENT PACKAGE HAS BEEN REVIEWED WITH THE ABOVE NAMED CLIENT HOWEVER, HE/SHE REFUSES TO GRANT AGREEMENT TO ADMISSION AND TREATMENT AS INDICATED IN THE PRE-PLACEMENT PACKAGE. I HAVE EXPLAINED TO THE ABOVE NAMED CLIENT THAT AS THE CHILD WELFARE WORKER ASSIGNED TO THIS CASE I MUST THEREFORE GRANT THIS APPROVAL IN HIS/HER BEST INTEREST TO FACILITATE NECESSARY TREATMENT.

_____ THE PRE-PLACEMENT PACKAGE HAS NOT BEEN REVIEWED WITH THE ABOVE NAMED CLIENT AS IT WAS FELT THAT IT WOULD BE INAPPROPRAITE AND DETRIMENTAL TO THE SUCCESSFUL TREATMENT OF THE INDIVIDUAL FOR THE FOLLOWING REASONS:
(ATTACH ADDITONAL PAGE IF REQUIRED)

(SIGNATURE OF CASE WORKER)

RESTRICTIVE PROCEDURES

I, _____ Case Manager for _____
(Case Worker) *(Youth's name)*

acknowledge and understand the restrictive procedures for Crisis Intervention and Non Abusive Physical Restraints which is a safe, non harmful control. Also that restraints technique may have to be used for safe control of out of control behaviors until he/she can regain control of his/her behaviors. The behavior management is designed to aid staff members by maintaining the best possible care and welfare for out of control individuals.

Non Abusive Physical Restraints are ONLY used as a last resort when the youth is in danger to self, others or is causing major property damage.

The Non Abusive Restraint Procedures have been explained to the youth in full detail.

I, _____ acknowledge and fully understand the Non Abusive
(Youth's Name)

Restraint Procedures used by Cross Roads Residential Youth Care Inc. These Procedures have been explained to the youth in full detail.

(Youth's Signature)

(Date)

(Case Worker)

(Date)

(Aboriginal Resource Worker)

(Date)

RECREATION WAVIER

Recreational Wavier For: _____
(Youth's Name)

At Cross Roads Residential Youth Care Association we strive to provide every opportunity for personal growth for our youth. This can involve sports and activities with adventure and a certain element of natural risk. We endeavor to assume every possible safety precaution and proper equipment and training is in place. We thank you for putting your trust in our agency by placing your youth with us and ask your permission for the following activities.

Please check and initial those activities permitted:

<input type="checkbox"/> Skateboarding	<input type="checkbox"/> Swimming
<input type="checkbox"/> Horseback Riding	<input type="checkbox"/> Community Team Sports
<input type="checkbox"/> Cycling Trips	<input type="checkbox"/> Downhill Skiing
<input type="checkbox"/> Overnight Camping	<input type="checkbox"/> Cross Country Skiing
<input type="checkbox"/> Hiking	<input type="checkbox"/> Go Carting
<input type="checkbox"/> Rock Climbing	<input type="checkbox"/> Curling
<input type="checkbox"/> Rollerblading	<input type="checkbox"/> Bowling
<input type="checkbox"/> Snowboarding/Sledding	<input type="checkbox"/> Golf

Note: This recreational wavier is not intended to replace other waivers required by individual companies that may supply or provide these activities.

I, _____ release and forever discharge Cross Roads
(Signature of Case Worker)

Youth Care, their owners, managers, employees and representatives from any and all lawsuits or actions, claims, or demands by reason of any damage, loss, death or injury to the above stated person from their participation in the above checked activities.

Date: _____

RISK ASSESSMENT

Please complete, in consultation with the current caregiver, reflecting the youth's current risk profile in the following areas. This information will be kept confidential and is used for placement preparation and matching.

LIFESTYLE HABITS

- | | | | |
|--|--|------------------------------------|------------------------------------|
| <input type="checkbox"/> Sexually Active | <input type="checkbox"/> Contraception | <input type="checkbox"/> Marijuana | <input type="checkbox"/> Inhalants |
| <input type="checkbox"/> Tobacco | <input type="checkbox"/> Chemicals | <input type="checkbox"/> Alcohol | |

For each of the following areas, please note the level of severity of each of these factors on the youth's current functioning.

- 0= No concerns at all. This is not an issue.
- 1= A mild area of risk. This requires monitoring and/or occasional attention and could potentially be a risk if severe risk occurs.
- 2= A moderate area of risk. This requires support and attention most of the time and is often an area of concern.
- 3= A high area of risk. This requires constant and immediate support and attention and without this support and attention the emotional or physical safety of the youth and others is at risk.

Relational Concerns	Rating (0-3)	Comments
Previous sexual abuse		
Previous physical abuse		
Previous emotional abuse		
Neglect/Abandonment		
Caregiver conflict		
Family substance abuse		
Ability to attach to caregivers		

Presenting Concerns	Rating (0-3)	Comments
Suicide risk		
Physical aggression towards others		
Verbal aggression towards others		
Depression		
Truancy		
AWOL		
Substance abuse		
Psychiatric disorder		
Sexual risk-taking behavior		
Grief reaction		