



FNMI Group Care Intake Package

Photo

Child/Youth Name

Date of birth	
Clients I.D Number	
ALberta Health Care Number	
Band Number, Metis Settlement	
Date reviewed	



FNMI Group Care Immunization Form

Date of Immunization	Age	Type of Immunization



FNMI Group Care Informed Consent

Consent for Services

I, _____ consent to receive services from FNMI Group Care Program. Upon this consent I agree to work with the Service Team.

Client Signature _____ Date _____

Guardian Name (Printed) _____ Signature _____

Consent for Data Collection

I, _____ consent to the collection of data while I am receiving services from FNMI Group CARE Home. I am aware that information about my progress is being collected and shared with the Service Team, some of which is also used to improve services, although it is kept confidential and does not identify my name.

Client Signature _____ Date _____

Guardian Name (Printed) _____ Signature _____

Consent for Recreational Activities

I, _____ give consent to FNMI Group Care Home to provide recreational activities and agree to participate as part of the services provided.

Client Signature _____ Date _____

Guardian Name (Printed) _____ Signature _____



FNMI Group Care Referral/Intake Form

Client Name: _____

Date of Referral: _____

Referred by: _____

Emergency Placement Yes ☐ No ☐

Client DOB: _____ Gender Identified: Female ☐ LGBTQ2AI ☐

Phone Number: _____

Current Mailing Address: _____

INTER-DEPARTMENT/INTER-AGENCY INVOLVEMENT

Type of Guardianship Order: TGO ☐ PGO ☐

Order is with: MSCFS ☐ DFNA ☐ CFS ☐

Has the client been involved with the criminal justice system? Yes ☐ No ☐

Is the client currently on probation? Yes ☐ No ☐

Is the client currently under a court order? Yes ☐ No ☐

If yes to any of the above, please provide details?

Has the client accessed/or had contact with any of the following professionals?

Court Worker ☐ Alberta Mental Health and Addictions Counselling ☐

RCMP ☐ Therapist ☐ Other ☐

Please provide details:

FAMILY & HOME ENVIRONMENT

What is the reason for client removal from family home?

Has the youth ever been in foster care or removed from his/her home prior to this? Yes ☐ No ☐

Were drugs, alcohol or solvents an issue for the parents? Yes ☐ No ☐

Were drugs, alcohol or solvents an issue for the client? Yes ☐ No ☐

Was there anyone living in the clients home that had issues with drugs, alcohol or solvents? Yes ☐ No ☐

What was the relationship to client?

Does the client have a positive role model in the family setting? Yes ☐ No ☐ If yes, who?

Does the family indicate an interest in family counselling? Yes ☐ No ☐

SUPERVISION

Does the client require more supervision, structure and routine than her peers? Yes ☐ No ☐

If yes, provide details:

Does the client have a history of physical aggression towards peers? Yes ☐ No ☐

If yes, provide details:

Does the client have a history of demonstrating cruelty towards animals? Yes ☐ No ☐

If yes, provide details:

Does the client have a history of setting fires? Yes ☐ No ☐

If yes, provide details:

Does the client have a history of destroying property? Yes ☐ No ☐

If yes, provide details:

Does the client have any diagnosed eating disorders? Yes ☐ No ☐

If yes, provide details:

Does the client have any issues with food? Yes ☐ No ☐

If yes, provide details:

MEDICATION

Is the youth on any medication prescribed by a physician? Yes ☐ No ☐

If yes, provide details:

Please provide dates and types of immunizations received (or provide a copy of immunization record) :

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Next Immunization due and date: _____

SUBSTANCE ABUSE

Has the client tried drugs? Yes ☐ No ☐ 1-3 times/month ☐ 1-3 times/week ☐ 4+ times/week ☐

Has the client tried solvents Yes ☐ No ☐ 1-3 times/month ☐ 1-3 times/week ☐ 4+ times/week ☐

SUBSTANCE ABUSE CONTINUED

Has the client tried alcohol? Yes ☐ No ☐ 1-3 times/month ☐ 1-3 times/week ☐ 4+ times/week ☐
 Smoke cigarettes? Yes ☐ No ☐ 1-3 times/month ☐ 1-3 times/week ☐ 4+ times/week ☐

SUBSTANCE ABUSE INTERVENTION

Has the client attended treatment for any addictions? Yes ☐ No ☐ More than once ☐
 If yes, did they complete the program? Yes ☐ No ☐
 If no, provide reason?
 Has the youth tried AA or NA? Yes ☐ No ☐
 For how long?
 Has the youth tried self-control/abstinence? Yes ☐ No ☐

RELATIONSHIPS

Please provide the names of clients significant relationships and type of relationships:

Does the client have any close friends? Yes ☐ No ☐
 If yes, does the client abuse drugs, alcohol or solvents with these friends? Yes ☐ No ☐
 Does the client have a good relationship with any of the following: siblings ☐ extended family ☐
 Is the client satisfied with her family relationships? Yes ☐ No ☐
 Who is the youth's primary role model?
 Has the youth participated in any of the following: Church groups ☐ Community groups ☐ Social or Sports Clubs ☐
 Aboriginal Traditional/Cultural activities ☐
 Does client feel welcomed in these groups? Yes ☐ No ☐
 Does the client make friends easily? Yes ☐ No ☐
 Does the client get along well with others? Yes ☐ No ☐

LOSSES

Has the client experienced any of the following significant losses:

Suicide: Parent ☐ Sibling ☐ Family member ☐ Close Friend ☐
 Murder: Parent ☐ Sibling ☐ Family member ☐ Close Friend ☐
 Accident/Illness: Parent ☐ Sibling ☐ Family member ☐ Close Friend ☐
 Incarceration: Parent ☐ Sibling ☐ Family member ☐ Close Friend ☐
 Divorce/Separation: Parent ☐ Sibling ☐ Family member ☐ Close Friend ☐
 If yes, provide details including dates?

WELLNESS

Has the client been diagnosed with any of the following:

FASD Yes ☐ No ☐
 Psychological Disorder Yes ☐ No ☐
 ADHD Yes ☐ No ☐
 ADD Yes ☐ No ☐

MENTAL

Please provide a brief description of the child's cognitive state and any mental impairments or diagnoses:

EMOTIONAL

Please provide a brief description of the youth's overall emotional functioning:

Does the client have a history of abuse (i.e. physical, emotional, mental, spiritual, neglect or sexual)?

Please provide any known details?

Does the client express any suicidal tendencies?

Yes ☐

No ☐

Does the client express any self-harm tendencies?

Yes ☐

No ☐

PHYSICAL

Please provide a brief description of the youth's physical attributes and well being, including any physical impairments or disabilities:

SPIRITUAL

Please provide a brief description of the child's belief in a higher power and participation in religious activities or ceremonies:

RECREATION

Does the client enjoy group recreational activities? (i.e. board games, sports, dances)?

Yes ☐

No ☐

If yes, provide details:

Does the client regularly participate in crafts or art work?

Yes ☐

No ☐

Guardian or Agency Representative Name Printed: _____

Guardian or Agency Representative Signature: _____

Date _____

Client Name Printed _____

Client Signature _____

Date _____

Parent Name Printed _____

Parent Signature _____
Date _____

FNMI Group Care CYC Worker Name Printed _____
FNMI Group Care CYC Worker Signature _____
Date _____

Supervisor Name Printed _____
Supervisor Signature _____
Date _____