



Confidential Document

**REFERRAL Worker's Assessment
Intake Package "B"
2011/2012**

TO BE COMPLETED BY THE REFERRAL WORKER (ONLY)

Applicants must be 19 years & older

Maximum of ONE PROGRAM per program year

INCOMPLETE PACKAGES WILL NOT BE ACCEPTED

Program Name _____

Program Date _____

Guest's Name _____

Referral Worker's Name _____

Referral Worker's Phone # _____

Referral Worker's Emergency # _____

Referral Worker's Fax # _____

Referral Worker's email _____

Guest Name _____

**Thank you for making this referral to the First Nations House of Healing Program.
To ensure that this referral is appropriate, please answer the following questions:**

A. Has the guest attended previous FNHH healing programs? YES ___ NO ___

If so, please indicate which program(s) were attended and date(s):

Has the guest attended other healing programs other than FNHH? YES ___ NO ___

If yes, please list.

B. What healing progress has been made by your guest?

- | | |
|--|---|
| <input type="checkbox"/> Increased self-worth | <input type="checkbox"/> Has set healthy boundaries |
| <input type="checkbox"/> Increased self-esteem | <input type="checkbox"/> Maintained self-care |
| <input type="checkbox"/> Improved family relationships | <input type="checkbox"/> Involves self in community |
| <input type="checkbox"/> Expressing emotions in a healthy way | |
| <input type="checkbox"/> Continues to work on healing | |
| <input type="checkbox"/> Contributes to healthy community activities | |
| <input type="checkbox"/> Maintaining addiction free life-style | |

Referral Worker please review check list with your guest
(Please check √)

- Did you see this guest more than 3 times for one to one sessions
- 19 years of age or older
- Emotionally prepared to participate in intense healing programs
- Free of abuse of alcohol and drugs for 30 days
- Able to identify at least two (2) peer supports in their community (i.e. a community member, friend or relative that can be a peer support person)
- Please see page 2 in package A for peer supports
- Willing to attend, participate and remain in each day of the program on time as scheduled
- Physically able to participate in intense healing programs
- Able to control anger and not be disruptive to group process
- TB Test submitted (current to 1 year of FNHH program)
- Does guest have any mobility issues with stairs? Yes ___ No ___

Please remind guests who are on medication to bring enough medication for duration of program

Guest Name _____

C. REFERRAL WORKER ASSESSMENT OF GUEST

Please Check

- | | | |
|---|--|--|
| 1. Guest expresses a need to change his/her life situation and is willing to explore any past traumatic life experiences? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. Guest shows willingness to participate in the following:
Follow-up with FNHH?
Aftercare with Referral Worker or other resources? | <input type="checkbox"/> YES
<input type="checkbox"/> YES | <input type="checkbox"/> NO
<input type="checkbox"/> NO |
| 3. If alcohol or drugs is a problem for the guest; is guest clean and sober for 30 days prior to program start date? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| ➤ What is <u>the last date of use</u> of Alcohol and or Drugs?
_____ | | |
| 4. Guest is capable of physically and mentally participating in routine and/or recreational activities. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 5. Guest is able and willing to be involved in intensive group and individual counseling activities. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 6. Guest is free of any appointments or personal obligations for the entire length of the program. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

(This includes doctor appointments, court cases, etc.)

a. How do you believe your guest would benefit from this program? Please explain.

If the guest answers “**No**” to the above questions, he/she may not be ready for intense healing work at the First Nations House of Healing. The following is recommended:

- Refer to our FNHH staff for assistance or to an alternate program more suitable to their needs.
- Refer to a community-based Counselor for Residential Healing preparation.

D.GUEST HISTORY

1. Relevant, past and present issues:

- Sexual abuse
 - Low Self Esteem
 - Physical Abuse
 - Lack of Trust
 - Verbal Abuse
 - Shame
 - Victim of Rape
 - Hatred of others
 - Victim of Gang Rape
 - Inability to express emotions
 - Depression
 - Emotional Abuse
 - Attempt of Suicide? If so when _____ (If within last year; please complete Appendix A)
 - Suicidal thoughts ? if so when _____ (If within last year; please complete Appendix A)
 - Eating Disorder? _____
 - Other: Please explain: _____
 - Date of last use of Alcohol _____
 - Date of last use of street drugs _____
 - Date of last use of prescription drugs _____
- Grief and loss
 - Confusion of Sexual Identity
 - Foster/ Adoption
 - Abandonment
 - Spiritual Abuse
 - Residential School
 - Cultural oppression
 - Boundaries
 - Abuse of street drugs
 - Abuse of Alcohol
 - Abuse of Prescription drugs

2. What do you think the guest's key issues are?

3. To your knowledge does the guest have a history of violent or threatening behavior?

YES ___ NO ___

Please explain in detail.

4. a. Has the guest ever been charged with a criminal offence?

YES ___ NO ___

If yes, indicate charge(s), outcome(s) and date(s).

b. Are there any active Probation or bail orders? (If active must include the following documents)

- Parole orders
- Probation conditions

5.a. Does any of the guest's criminal history relate to sexual violence/offences? YES ___ NO ___

b. If yes, did the guest attend and complete a "Sex Offender Treatment Program?" YES ___ NO ___

c. Was the treatment court ordered? YES ___ NO ___

Comments:

E. PREPARATION & AFTERCARE

*** Please note that a minimum of 3 sessions is recommended to prepare the guest for FNHH program***

1. Have you described the First Nations House of Healing program with the guest? (Program description) YES ___ NO ___

2. Do you feel this is an appropriate referral? YES ___ NO ___
Do you feel the guest will do well in the program? Please explain.

3. Explain how you have prepared the guest for the First Nations House of Healing program? (Guest Rights & Responsibilities; transportation, travel costs, support required after program completion)

a. For guest safety we recommend a follow-up appointment within 2 weeks of completion of the program. Has an appointment been set to develop an aftercare plan with the guest? YES ___ NO ___

b. If yes, when: _____

c. If no, why not? _____

4. a. Are you in any way related to the guest being referred? YES ___ NO ___
If so, please indicate your relationship to the guest (father, mother, brother, sister, in-law, cousin etc.)

b. How will you protect the confidentiality for this guest?
Please explain.

c. Have you described the FNHH program to your guest?

IF YOU ANSWERED NO TO ANY OF THESE QUESTIONS IN SECTION "E" (WITH THE EXCEPTION TO 4A/B) IS THIS REFERRAL APPROPRIATE?

PLEASE COMMENT

Please note for Guests who have attended previous FNHH Programs we strongly recommend that guest/they have taken steps in their healing journey before commencing another program. Please describe the steps they have taken. All guests will only be accepted to one program per program year 2011-2012