

## **ADMISSIONS PROCEDURES**

Thank you for considering Nenqayni Wellness Centre Society -Youth & Family Inhalant Program for your client.

- **Youth & Family Inhalant Program(YFIP):** a 5 1/2 month inhalant/alcohol/drug abuse treatment program for First Nations and Inuit Youth (13-18) from across Canada.

### **CRITERIA FOR THE *Youth & Family Inhalant Program***

- **Youth must be 13-17**
- **Youth may be from across Canada**
- **Youth must have experimental-social-chronic use of inhalants/solvents at some time (past or present)**
- **Status number**
- **A 14 dry/clean period prior to treatment is advised**
- **Complete application needs to be filled out**
- **Complete Pre-Admission Medical Assessment needs to be filled out by a doctor or health clinic**
- **TB Screen (any done within the past 2 years are acceptable)**
- **Youth must be able to function semi-independently (i.e. no severe psychoses or cognitive damage or impairments)**
- **Youth must bring clothing suitable to the seasons that they will be in treatment or have the funds in place to purchase the necessary clothing. These funds should be placed in trust with Nenqayni until needed. If not used funds will be returned to youth at discharge.**
- **A phone interview must be completed after the Application Forms are received.**

**Applications -Intake Assessments will be processed in the order that they are received. Only completed applications will be looked at for possible acceptance. When beds are full names will go onto the waiting list.**

### **Who needs to fill out an Intake/ Assessment Referral Form?**

Each person who is applying and is interested in attending the residential program should fill out the complete application package including the Pre-admission Medical Assessment and TB Screen.

### **How do I fill out the forms?**

With a band referral worker/ drug and alcohol counselor, or social worker, probation officer or other supportive worker fill out all the blanks as best you can (follow the Intake Assessment package checklist – next page).

**What if I can't get all the information I need?**

Please do the best you can with what you know. If the information is not available please say NOT AVAILABLE, rather than leaving blanks.

First part of application may be sent in ahead of the Pre-admission Medical and TB Screen results

Mail to: **Nenqayni Wellness Centre Society**  
**Attention: Intake Worker -Youth & Family Inhalant Program**  
**Box 2529**  
**Williams Lake, BC**  
**V2G 4P2**

Or Fax : **(250) 989-0307**

Questions ? call: **(250) 989-0301 toll free: 1-888-668-4245**

When package is received at Nenqayni your referral worker will be notified. Any missing information will be requested. When the information is complete a phone interview will be schedule with the youth. When all information is complete the application will be brought to the attention of the Treatment Team who will make a decision on suitability to the program. Only after acceptance can an confirmed intake date be given.

***Please note that in the case of not being approved for intake we will make every attempt to assist in referring elsewhere to an appropriate program.***

**COMPLETING THE INTAKE/ ASSESSMENT- REFERRAL FORM**

1. Fill out forms as completely as possible. Updated information will be required if more than three (3) months has passed between initial interview and this referral.
2. Enclose all previous assessments and/or most recent and relevant information;
  - Psychological Assessments
  - Social History
  - Educational Assessments
  - Medical/Psychiatric Assessments
  - Predisposition Reports
  - Child Welfare Reports
  - Probation Orders
3. Ensure that all consents are signed.
4. Attach photocopies of the following identification;
  - Health Care Card
  - Treaty Status Card
  - Birth Certificate
  - Social Insurance Card
5. Make arrangements for a Pre-Admission Medical Assessment and current TB Screen Test (must be within 2 years). Medical MUST be received prior to admission, please ensure this is done.

**INTAKE ASSESSMENT PACKAGE CHECKLIST**  
*YOUTH & FAMILY INHALANT PROGRAM APPLICATION:*

- \_\_\_\_\_ Referral worker contact information
- \_\_\_\_\_ Client Profile- I.D. & Personal Information (pages 2 & 3)
- \_\_\_\_\_ Legal History (page 3)
- \_\_\_\_\_ Substance Abuse History (page 4)
- \_\_\_\_\_ Relationships (page 5)
- \_\_\_\_\_ Spirituality (page 5 )
- \_\_\_\_\_ Outside Resources (page 6 )
- \_\_\_\_\_ Social Functioning (page 6 )
- \_\_\_\_\_ Recommendations (page 6 )
- \_\_\_\_\_ Consents (pages 7 )
- \_\_\_\_\_ Authorization to Release Information (page 8)
- \_\_\_\_\_ Pre-Admission Medical Assessment (pages 9-15)
- \_\_\_\_\_ Current Prescribed Medication ( page 14)
- \_\_\_\_\_ T.B. Screen Test (page 15 )
- \_\_\_\_\_ School Information (page 16)
- \_\_\_\_\_ School Consent (page 17)
- \_\_\_\_\_ A.W.O.L. Procedures Form (18 & 19)
- \_\_\_\_\_ Parental Participation Form (page 20)
- \_\_\_\_\_ Commitment to Care Agreement (page 21)

*Do not return pages 22 and 23!*