Dilico
Anishinabek Family Care

APPLICATION FOR ADMISSION
Family Healing Wellness Centre
Mental Health and Addictions Services

Applicant #1 Information

First Name:		Last Name:		
Street Address: ☐ No fixed address		Gender:	Age:	Date of Birth: MM/DD/YY
Mailing Address:		Province:		Postal Code:
First Nation Band Affiliation:		Band Number:		Lives on Reserve? ☐ Yes ☐ No
Phone Number:		Email:		
Health Card Number:	Expiry:YY	Social Insurance Number:		
Education: HIGHEST GRADE COMPLETED		Employment Status: ☐ FTE ☐ PTE ☐ Unemployed ☐ Student ☐ Ontario Works ☐ ODSP		

Applicant #2 Information

First Name:		Last Name:		
Street Address: ☐ No fixed address		Gender:	Age:	Date of Birth: MM/DD/YY
Mailing Address:		Province:		Postal Code:
First Nation Band Affiliation:		Band Number:		Lives on Reserve? ☐ Yes ☐ No
Phone Number:		Email:		
Health Card Number:	Expiry:YY	Social Insurance Number:		
Education: HIGHEST GRADE COMPLETED		Employment Status: ☐ FTE ☐ PTE ☐Unemployed ☐ Student ☐ Ontario Works ☐ ODSP		

Children's Information

First/Last Name:	Gender:	Age:	Date of Birth: MM/DD/YY
First/Last Name:	Gender:	Age:	Date of Birth: MM/DD/YY
First/Last Name:	Gender:	Age:	Date of Birth: MM/DD/YY
First/Last Name:	Gender:	Age:	Date of Birth: MM/DD/YY
First/Last Name:	Gender:	Age:	Date of Birth: MM/DD/YY

Referral Source Information

Name of Referring Person:	Position:
Agency Name and Address:	
Phone Number:	Email:
How long have you known the applicant(s):	What is the nature of your relationship with the applicant(s)
Reason for Referral:	
What is your assessment of the applicant's level of motivation at this time? ☐ High ☐ Moderate ☐ Low	

Person to Contact in Case of Emergency

Applicant(s):	Name:
Phone Number:	Relationship to Applicant(s):

Family Information

Please describe the current family dynamic:
Check all that apply: ☐ Single Parent ☐Two-Parent ☐Married ☐ Common Law ☐Divorced/Separated ☐ Live Alone ☐ Live Together ☐ Live with Others (Parents/Friends) ☐Other

Are **all** members of the family **voluntarily** willing to participate in Family Treatment? ☐ Yes ☐ No
If not, which family members are not willing and why?

Child Welfare Involvement

Is Family Treatment required for family reunification? ☐ Yes ☐ No
Please provide details:

Is Child Welfare/CAS currently involved with the family? ☐ Yes ☐ No			
Agency:	Worker:	Contact:	
Current Involvement: ☐ Kinship ☐ Crown Ward ☐ Customary Care ☐ Temporary Care ☐ Other			
Does the Applicant(s) have to attend Family Court?	☐ Yes ☐ No	When:	For What:

Family History

Applicant #1		
Who raised you? ☐ Parent(s) ☐ Grandparent(s) ☐Foster parent(s) ☐ Adoptive parent(s)		
Do any of the following apply to your childhood? ☐ Yes ☐ No		
Check all that apply:		
☐ Alcohol/Drug Abuse	☐Witness to Domestic Violence	☐ Happy Home Life
☐ Divorce/Separation	☐ Suicide death of family/friend	☐ Physical Abuse
☐ Sexual Abuse	☐ Emotional Abuse	
Has any member of the family been involved in the residential school system? ☐ Yes ☐ No		
Check all that apply: ☐ Applicant ☐ Parent(s) ☐ Grandparent(s) ☐ Unsure		

Applicant #2		
Who raised you? ☐ Parent(s) ☐ Grandparent(s) ☐Foster parent(s) ☐ Adoptive parent(s)		
Do any of the following apply to your childhood? ☐ Yes ☐ No		
Check all that apply:		
☐ Alcohol/Drug Abuse	☐ Witness to Domestic Violence	☐ Happy Home Life
☐ Divorce/Separation	☐ Suicide death of family/friend	☐ Physical Abuse
☐ Sexual Abuse	☐ Emotional Abuse	
Has any member of the family been involved in the residential school system? ☐ Yes ☐ No		
Check all that apply: ☐ Applicant ☐ Parent(s) ☐ Grandparent(s) ☐ Unsure		

Family of Origin

Applicant #1 Parents:	Biological	Step/Half	Living	Deceased
Mother:				
Father:				

Brother(s):	Biological	Step/Half	Living	Deceased

Sister(s):	Biological	Step/Half	Living	Deceased

Applicant #2 Parents:	Biological	Step/Half	Living	Deceased
Mother:				
Father:				

Brother(s):	Biological	Step/Half	Living	Deceased

Sister(s):	Biological	Step/Half	Living	Deceased

Mental Health History

Do any of the family members have mental health problems?	☐ Yes ☐ No
Has any of the family members ever been hospitalized for a mental health issue?	☐ Yes ☐ No
Please provide details:	

Mental Health History – con't

Has any of the family members showed any self-harm behavior, suicidal thoughts, or attempted suicide in the past 3 months? ☐ Yes ☐ No
***Please provide details*:**

Does any family member have significant mental health issues that would better be treated by a psychologist or psychiatrist? ☐ Yes ☐ No
***Please provide details*:**

Does any family member have a history of volatile, violent, or aggressive behaviors which would pose a risk to staff of other participants in Family Treatment? ☐ Yes ☐ No
Please provide details:

Mental Health History – con't

Please provide details regarding any family member's misusing/abusing **alcohol.**
Please list who is using, what they are using, and frequency of use in the last 12 months, etc.)

Please provide details regarding any family member's misusing/abusing **drugs, prescription medication.**
Please list who is using, what they are using, and frequency of use in the last 12 months, etc.)

Medical History

Family Doctor:	**Clinic:**	**Phone:**
Do any of the family members have allergies?		☐ Yes ☐ No
Is an Epi-Pen required?		☐ Yes ☐ No
Please provide details:		

Medical History – con't

Do any of the family members currently have any health concerns (diabetes, blood pressure, pregnancy, ear/eye problems, arthritis, cancer, heart disease, asthma, etc.)? ☐ Yes ☐ No
Please provide details:

Are any family members currently on any medication? ☐ Yes ☐ No
Please list who, the name of the medication, reason for prescription, dosage, etc.:

Legal Status and History

Are any of the family members currently facing legal charges? ☐ Yes ☐ No
Please list who, what are the charges, when is their court appearance?

Are any of the family members currently in jail, on probation, or on parole? ☐ Yes ☐ No
Please list who, release date(s), conditions of their probation/parole, start/end dates, etc.?

Legal Status and History – con't

Please indicate if any members of the family have had any of the past offences listed below.
Check all that apply.

☐ Arson	☐ Forgery	☐ Probation Violation	☐ Criminal Negligence causing Death
☐ Assault	☐ Impaired Driving	☐ Robbery	
☐ Break & Enter	☐ Manslaughter	☐ Sexual Assault	☐ Possession of Stolen Property
☐ Burglary	☐ Murder	☐ Theft	☐ Willful Damage/Mischief
☐ Drug Charges	☐ Parole Violation	☐ Weapon Offences	

Has any of family members been either a victim of, or perpetrator of violence? ☐ Yes ☐ No

Please provide details:

Do any of the family members have a history of sexual violence and/or offences? ☐ Yes ☐ No

Please provide details:

Do any of the family members have a recent history of fire-setting behaviors/arson? ☐ Yes ☐ No

Please provide details: