

INTAKE FORM

Please email to info@anewcentreforhealing.ca



Peyakoskan Program

ADULT'S BASIC INFORMATION:

Adult One

Full Name: (Last) _____ (First) _____ (Middle) _____

Date of Birth: _____ / _____ / _____ Age: _____
Year Month Day

Gender Male Female Non-binary Prefer Not to Say

Ethnicity: _____ Relationship to Child(ren): _____

Band Name _____ Registration # _____

Adult Two

Full Name: (Last) _____ (First) _____ (Middle) _____

Date of Birth: _____ / _____ / _____ Age: _____
Year Month Day

Gender Male Female Non-binary Prefer Not to Say

Ethnicity: _____ Relationship to Child(ren): _____

Band Name _____ Registration # _____

Address & Contact Information

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Home Number: _____ Cell Number: _____

Email Address: _____

Child(ren) Information *(Please see end of package if you have more children)*

Child 1:

Full Name: (Last) _____ (First) _____ (Middle) _____

Date of Birth: _____ / _____ / _____ Age: _____
Year Month Day

Gender Male Female Non-binary Prefer Not to Say

Ethnicity: _____

Band Name: _____ Registration #: _____

Child 1 Continued:

Formula or Milk: _____ Diaper Size: _____

Potty Trained: _____ Pull Up Size: _____

Previous School or Daycare: _____ Contact: _____

Any Known Areas of Support: _____

Clothing Size: _____ Shoe Size: _____

Additional Information: _____

Child 2:

Full Name: (Last) _____ (First) _____ (Middle) _____

Date of Birth: _____ / _____ / _____ Age: _____
Year Month Day

Gender Male Female Non-binary Prefer Not to Say

Ethnicity: _____

Band Name: _____ Registration #: _____

Formula or Milk: _____ Diaper Size: _____

Potty Trained: _____ Pull Up Size: _____

Previous School or Daycare: _____ Contact: _____

Any Known Areas of Support: _____

Clothing Size: _____ Shoe Size: _____

Additional Information: _____

Child 3:

Full Name: (Last) _____ (First) _____ (Middle) _____

Date of Birth: _____ / _____ / _____ Age: _____
Year Month Day

Gender Male Female Non-binary Prefer Not to Say

Ethnicity: _____

Band Name: _____ Registration #: _____

Formula or Milk: _____ Diaper Size: _____

Potty Trained: _____ Pull Up Size: _____

Previous School or Daycare: _____ Contact: _____

Any Known Areas of Support: _____

Clothing Size: _____ Shoe Size: _____

Additional Information: _____

Caseworker Information:

Caseworker's Name: _____ Phone Number: _____

Email Address: _____

Formula or Milk: _____ Diaper Size: _____

Potty Trained: _____ Pull Up Size: _____

Previous School or Daycare: _____ Contact: _____

Any Known Areas of Support: _____

Clothing Size: _____ Shoe Size: _____

Additional Information: _____

Have you had mental health concerns or a mental health diagnosis? Yes No

If yes, please describe: _____

Do you have any concerns about misuse of alcohol or drug use by yourself or within your family?

Yes No

If yes, please describe use: _____

Past Issues & Current Challenges

Is there any information with respect to you / your family that you feel is important for us to know?
(childhood abuse / neglect, relationship violence, trauma, family history, significant relationships, living situation)

Culture and Spiritual Beliefs

Please describe information that you feel is important for us to know.

Strengths, Abilities, & Interests

Please describe any strengths, abilities, or interests that you, or your family has that could help in addressing the issues or challenges you face:

Strengths: _____

Abilities: _____

Interests: _____

Child 5:

Full Name: (Last) _____ (First) _____ (Middle) _____

Date of Birth: _____ / _____ / _____ Age: _____
Year Month Day

Gender Male Female Non-binary Prefer Not to Say

Ethnicity: _____

Band Name: _____ Registration #: _____

Formula or Milk: _____ Diaper Size: _____

Potty Trained: _____ Pull Up Size: _____

Previous School or Daycare: _____ Contact: _____

Any Known Areas of Support: _____

Clothing Size: _____ Shoe Size: _____

Additional Information: _____

Child 6:

Full Name: (Last) _____ (First) _____ (Middle) _____

Date of Birth: _____ / _____ / _____ Age: _____
Year Month Day

Gender Male Female Non-binary Prefer Not to Say

Ethnicity: _____

Band Name: _____ Registration #: _____

Formula or Milk: _____ Diaper Size: _____

Potty Trained: _____ Pull Up Size: _____

Previous School or Daycare: _____ Contact: _____

Any Known Areas of Support: _____

Clothing Size: _____ Shoe Size: _____

Additional Information: _____

