

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 DayGender ☐ 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 DayGender ☐ 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 DayGender ☐ 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: _____

What issues are affecting you or your family at this time (*indicate all that apply*)

- | | |
|--|---|
| <input type="checkbox"/> Anger Issues | <input type="checkbox"/> Relationship Issues |
| <input type="checkbox"/> Blended or Step Family Issues | <input type="checkbox"/> Grief & Loss |
| <input type="checkbox"/> Child / Teen Behaviour | <input type="checkbox"/> Self Esteem |
| <input type="checkbox"/> Depression / Mood Swings | <input type="checkbox"/> Trauma Issues |
| <input type="checkbox"/> Parenting Issues | <input type="checkbox"/> Anxiety / Worry / Concerns |
| <input type="checkbox"/> Family Violence | <input type="checkbox"/> Experience of Abuse |
| <input type="checkbox"/> Physical Health Issues / Pregnancy / Disability | <input type="checkbox"/> Sexual Behaviour Issues |
| <input type="checkbox"/> Adjusting to Life Transitions | <input type="checkbox"/> Stress Related Issues |
| <input type="checkbox"/> Children & Family Services Involvement | <input type="checkbox"/> Addiction Issues |
| <input type="checkbox"/> Education / Employment Issues | <input type="checkbox"/> Lack of Social Support |
| <input type="checkbox"/> Other (describe): _____ | |

Are there any urgent concerns we should be aware of (e.g. legal, suicide, or medical issues)

- ☐ Yes ☐ No

If yes, please describe: _____

Are there any safety concerns we should be aware of? (e.g. issues relating to violence, risk taking behaviours, threats, abuse, harm to self or others?)

- ☐ Yes ☐ No

If yes, please describe: _____

Health Information

Are there any physical issues or conditions, past or present, that we should be aware of? Please indicate if it's regarding yourself or a child.

- ☐ Self ☐ Child ☐ Yes ☐ No

If yes, please describe: _____

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: _____

Supports & Goals

Please list the goals of support that the family is wanting to work towards achieving (i.e. de-escalation techniques, positive discipline, parenting styles, etc.)

- 1) _____

- 2) _____

- 3) _____

- 4) _____

Do you have any existing supports already in place? ☐ Yes ☐ No

If yes, please describe: _____

Additional Children Information

Child 4:

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 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: _____
