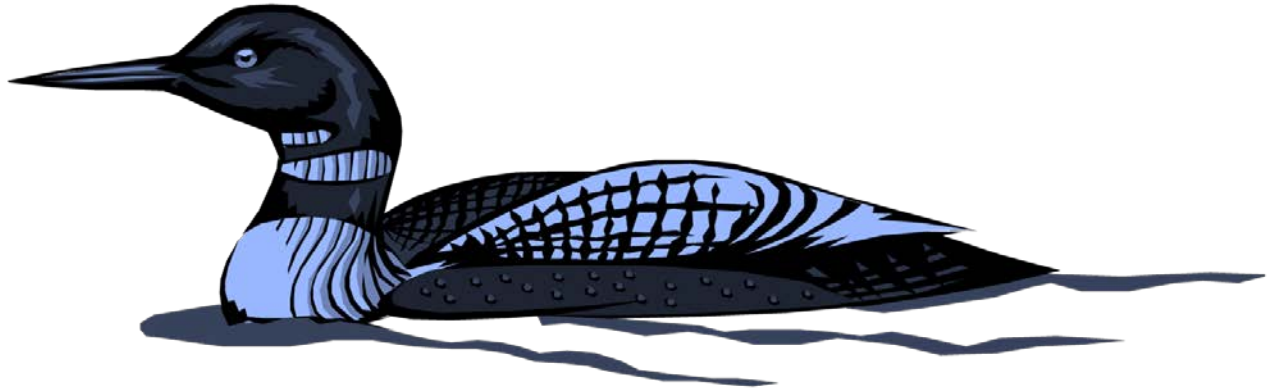


WEECHI-IT-TE-WIN FAMILY SERVICES FAMILY HEALING PROGRAM

"We believe in the traditional Anishinaabe concepts of family and as such, we work together to help families heal and attain "mino bimaadziwin" (a good life)."



BRIEF REFERRAL/SCREENING FORM

Location: 71 McTavish Rd., Devlin, Ontario

Address: P.O. BOX 812, Fort Frances, Ontario, P9A 3N1

Telephone: 807-486-1618 or 807-274-3201, ext. 1006, or 1-866-656-4460

Fax: 807-486-1761

Email: heidi.bolen-kreger@weechi.ca

**Manager:
Intake Coordinator:**

**Edward Yerxa
Heidi Bolen-Kreger**



Brief Referral/Screening

Family Name: _____

Mother's Name: _____ **D.O.B.:** _____

Band Name: _____ Band Number: _____

Street Address: _____

Mailing Address: _____

Telephone Number: _____ Email: _____

Father's Name: _____ **D.O.B.:** _____

Band Name: _____ Band Number: _____

Street Address: _____

Mailing Address: _____

Telephone Number: _____ Email: _____

Children's Name _____ D.O.B.: _____

Children's Name _____ D.O.B.: _____

Children's Name _____ D.O.B.: _____

Children's Name _____ D.O.B.: _____

Children's Name _____ D.O.B.: _____

Referral Agency: _____

Worker: _____

Phone Number and Email: _____

Reason for Referral:

Is Family Treatment required for family reunification (example: returning care and custody of children/youth? **Please provide Details:**

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Are **all** members of the family **voluntarily** willing to participate in the Family Healing Program? **If not, which family members are not willing and why?**

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Please provide details regarding any family member/s abusing solvents? **(Please list who is using, what they are using, frequency and last use):**

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Please provide details regarding any family member/s misusing or abusing Prescription Drugs or Street Drugs? **(Please list who is using, what they are using, frequency and last use):**

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Please provide details regarding any family member/s actively abusing alcohol?
(Please list who is using, what they are using, frequency and last use:

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Does any family member have a history of volatile, violent, or aggressive behaviors which would pose a risk to staff or other participants of the Family Healing Program?
Yes No If Yes, please list who is, and explain:

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Please provide details whether any family member/s have a history of sexual offence(s)? **(Who, what did they do, when, what was the outcome):**

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Has any family member/s been either a victim of, or a perpetrator of violence?
Yes No Please provide details **(Who, what type(s) of violence, when, what was the outcome?**

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Does any family member/s have a recent history of fire-setting behaviors, or arson?
Yes No **If Yes, please list who and explain:**

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Are any member/s of the family currently facing legal charges? Yes No **If Yes, please provide details (who, what are the charges, when is their court appearance):**

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Does any family member/s have significant mental health issues that would be better treated by a psychologist or psychiatrist? Yes No **If Yes, please list who and explain:**

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Are any family members currently at risk of suicide (suicidal thoughts, statements, threats, attempts)? Does anyone have a history of suicidal attempts? **Please provide details?**

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Are any family members currently engaging in self harm behaviors (example: cutting)? Does anyone have a history of self harm? **Please provide details?**

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Are any member/s of the family currently on any medications? Yes No **If Yes, Please note who, what the medication is, what is the reason they are taking the medication, dosage, and how long it has been prescribed?**

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	Signatures	Date
Signature of Client		
Signature of Referral Source		