



Application Package



For Office Use Only	
Date Received _____	Date Reviewed _____
Date Waitlisted _____	Date Accepted _____
Date Denied _____	Date Referred _____

Applicant Information

Youth's Full Legal Name (First, Middle, Last): _____

Age: _____ Date of Birth: _____

Provincial Health Number: _____ Expiry Date: _____

First Nation Status First Nation Non-Status Metis

Band Name if Applicable: _____

Treaty Number if Applicable: _____

Home Address: _____

Mailing Address (if Different than Home Address): _____

Youth's Email Address: _____

Referral Information

Name of Person Completing this Form: _____

Agency if Applicable: _____

Relationship to Applicant (parent/legal guardian/worker): _____

Phone Number: _____ Email Address: _____

If the youth is in the care of someone other than their legal guardian, please provide the following information:

Type of Placement¹: _____

Agency Name: _____

¹ Kinship, Temporary, Permanent, Group Home, Correctional, etc.



Background Information

Please attach the following documents to this application form if applicable: Social History, Placement History, Formal Diagnostic Assessments (Psycho-Educational, ADHD, FASD), Legal/Court Documents, etc.

Education

Is the Youth Currently in School: Yes No Highest Grade Completed: _____

Is the youth planning on continuing to attend school while in treatment? Yes No N/A

If yes, please provide us with the name of the youth's school and who we should contact at the school to arrange for assignments etc.

School Name: _____

Contact Name (Teacher/Principal): _____ Phone Number: _____

Legal

Is the Youth currently on probation or a court order, or have legal charges? Yes No

If yes, please attach a copy of the charges, court order, or conditions to this intake package.

Probation Officer Name: _____ Phone Number: _____

Spiritual/Cultural

Our treatment program is primarily based on Indigenous Culture as a path to wellness which includes, but is not limited to sweats, smudging, elder teachings, and land-based camps.

Is the youth willing to participate in spiritual/cultural teachings and ceremonies? Yes No

Would the youth like to go to Church while in treatment? Yes No

What types of cultural activities does the youth like to participate in:



Psychological

In the past year, has the youth had thoughts or attempts of killing themselves or written/spoken about killing themselves? Yes No

If yes, please explain. Provide date(s), method(s), and what help they received. Is there a Counselor or Mental Health Professional involved?

Has the youth experienced emotional abuse? Yes No

Has the youth experienced physical abuse? Yes No

Has the youth experienced sexual abuse? Yes No

If yes, was the abuse reported? Yes No

If yes, has the youth spoken to a counsellor about the abuse?

Is there a history of family violence that the youth may have been witness to? Yes No

If yes, has the youth spoken to a counsellor about the family violence?

Gang Involvement

Does the youth have known gang involvement? Yes No

If yes, with which gang: _____

Previous Treatment

Has the youth attended treatment before? Yes No

If yes, which facility did they attend? What did they like about treatment? What did they not like about treatment?

Has anyone in the youth's family received treatment for substance abuse in the past? Yes No



Behaviors

Does the youth have history of any of the following behaviors and if so, what interventions were put in place to help? What worked and what did not work? For example, for sleep disorders a weighted blanket or melatonin may help.

Behavior		What Helped	What did not Help
Avoids Crowds	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Cruelty to Animals	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Destruction of Property	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Fire Setting/Arson	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Physical Aggression	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Running Away	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Self-Harming	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Self-Isolation	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Sleep Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Verbal Aggression	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Withdrawal Management and Harm Reduction

WBTC has a Harm Reduction Policy that can be obtained from our Outreach Coordinators. At WBTC we understand that addictions affect everyone differently and there is a spectrum of harm reduction goals that include both abstinence-based and harm reduction interventions.

At WBTC we strive to provide equitable, non-judgmental, and culturally safe treatment for our clients, and we incorporate harm reduction into our program in the following ways:

1. Providing clients with assessments, counselling, and support based on their specific needs.
2. Providing clients with non-judgmental and non-coercive strategies to enhance their skills and knowledge and to live safer and healthier lives.
3. Providing clients with harm reduction information, naloxone training, and naloxone kits upon completion of, or discharge from, our program.
4. Access to physicians who may prescribe medications, including medications for opioid use disorder (including methadone and suboxone) and/or anti-craving medications, based on the specific needs of the clients.

Stopping chronic (*long-term, constantly recurring*) use of alcohol and/or drugs can lead to severe withdrawal symptoms including abdominal pain; changes in appetite; chills; dehydration; diarrhea; dry mouth; feelings of anxiety, confusion, depression, and paranoia; hallucinations; headaches; increased breathing rate, blood pressure, and heart rate; irritability; muscle aches, pains, and/or spasms; nausea; seizures; sweating; and tremors. Due to the severe nature of these withdrawal symptoms, it is important, for the safety of the person going through withdrawals, that they do so at a medical detox facility where they are in a safe environment and can receive medical treatment and supervision prior to



attending our program. If needed, our Outreach Coordinators can assist with information regarding a medical detox facility.

Does the youth require medical detox services prior to attending treatment? Yes No

Has the youth received medical detox services in the past? Yes No Date: _____

Please list the substances the youth has used or currently uses:

Substance	Use	Frequency	Age when Started Use	Approximate Date of Last Use
	<input type="checkbox"/> Current <input type="checkbox"/> Used in the Past	<input type="checkbox"/> Daily <input type="checkbox"/> 2-3 Times a Week <input type="checkbox"/> Once a Week <input type="checkbox"/> Monthly <input type="checkbox"/> Infrequently		
	<input type="checkbox"/> Current <input type="checkbox"/> Used in the Past	<input type="checkbox"/> Daily <input type="checkbox"/> 2-3 Times a Week <input type="checkbox"/> Once a Week <input type="checkbox"/> Monthly <input type="checkbox"/> Infrequently		
	<input type="checkbox"/> Current <input type="checkbox"/> Used in the Past	<input type="checkbox"/> Daily <input type="checkbox"/> 2-3 Times a Week <input type="checkbox"/> Once a Week <input type="checkbox"/> Monthly <input type="checkbox"/> Infrequently		
	<input type="checkbox"/> Current <input type="checkbox"/> Used in the Past	<input type="checkbox"/> Daily <input type="checkbox"/> 2-3 Times a Week <input type="checkbox"/> Once a Week <input type="checkbox"/> Monthly <input type="checkbox"/> Infrequently		
	<input type="checkbox"/> Current <input type="checkbox"/> Used in the Past	<input type="checkbox"/> Daily <input type="checkbox"/> 2-3 Times a Week <input type="checkbox"/> Once a Week <input type="checkbox"/> Monthly <input type="checkbox"/> Infrequently		
	<input type="checkbox"/> Current <input type="checkbox"/> Used in the Past	<input type="checkbox"/> Daily <input type="checkbox"/> 2-3 Times a Week <input type="checkbox"/> Once a Week <input type="checkbox"/> Monthly <input type="checkbox"/> Infrequently		



Please have the Youth Complete the Following Section

Hi there!

We look forward to supporting you on your healing journey. Please tell us about yourself so that we can help in the best way possible during your stay with us.

1. What made you consider coming to WBTC?

2. What do you believe or think you may be struggling with?

3. What would you like to work on while you are with us?

4. Who would you like involved in your support plan before, during, and after treatment?

5. Do you have a hard time focusing on tasks like homework, chores, and daily activities? If yes, how can we help you focus on programming while you are with us?

6. Do you like school?



7. What do you like the most about school?

8. What do you like least about school?

9. How do you learn best? Options include listening/hearing/watching, reading/writing, and doing things hands on.

10. Do you prefer to do things as a group or by yourself?

11. What are your favorite activities?

12. What are your least favorite activities?

13. Is there anything else that you would like us to know about you?



Consent for Treatment

WBTC is required to obtain various permissions for youth who attend our treatment program. By giving consent, you are giving WBTC temporary authorization to provide the best care possible while the youth is with us. The consent provided below will be valid for one year after the youth completes or discharges from our program. After that date no information will be released without your written consent. If you have any questions regarding any of the consents below, please speak with one of our Outreach Coordinators.

Client Consent	Initial
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Release of Information: I authorize WBTC to release information for the purposes of Residential Treatment including the Drug Use Screening Inventory (DUSI), Native Wellness Assessment (NWA), Medical, Psychological and/or Psychiatric Reports, Court and/or Legal Documents and Education Reports. Yes No _____

Access of Information: I authorize WBTC to obtain information about my youth from 3rd party professionals including Social Workers, Parole and/or Probation Officers, Court Workers, Educators, Medical and/or Psychiatric Practitioners. Yes No _____

Outings: I give authorization for my youth to participate in activities outside of the centre including cultural activities (camps & ceremonies), equine assisted learning, youth conferences, camping trips, day trips, and out-of-province trips. Yes No _____

Photo Publishing Release: I authorize WBTC to use photographs taken of my youth while they are in treatment for the Treatment Centre’s Board Report and Annual Report. Yes No _____

Video Monitoring: I authorize WBTC to use video monitoring while my youth is in treatment for the safety and security of the youth. WBTC does not release video recordings; however, video may be shared for criminal investigations. Yes No _____

Medications and Wellbeing Consent	Initial
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Over-the-counter Medications: I authorize WBTC to administer over-the-counter medications and multivitamins to my youth while in treatment program and understand only qualified staff will dispense the medication. Yes No _____



Medications and Wellbeing Consent Continued Initial

Well-Being: I authorize WBTC to arrange for my youth to receive routine care including medical, dental, and optical exams as required. In serious cases I will be informed of any care/procedures as per licensing/accreditation body requirements. Yes No _____

Immunizations and Vaccinations: I give authorization for my youth to receive the Influenza Vaccination/Covid Vaccination while in the White Buffalo Treatment Centre. (To be administered by a qualified medical professional.) Yes No _____

Grievance, Behavior Management, and Restriction Consent

Client Grievance: I understand that if my youth has any concerns while at WBTC they may initiate the client grievance process by speaking to any staff member. To receive a copy of the client grievance policy please contact one of our Outreach Coordinators. Yes No _____

Behavior Management: I understand that White Buffalo Treatment Centre addresses behavioral situations with the use of logical/natural consequences. If my youth requires behavioral management, I authorize WBTC to apply logical and natural consequences. To receive a copy of the Behavior Management policy please contact one of our Outreach Coordinators. Yes No _____

Restrictive Procedures: I understand that staff at WBTC are trained in how to use restrictive procedures and they are only used in emergency situations. I authorize WBTC to utilize restrictive procedures on my youth in circumstances where my youth is at risk of hurting themselves or others. To receive a copy of our Restrictive Procedures Policy please contact one of our Outreach Coordinators. Yes No _____

I, the parent/legal guardian of the youth, agree to the above consents and further authorize WBTC to provide for the care of my child.

Signature of Parent/Legal Guardian

Date



Phone Call List

WBTC encourages healthy and consistent communication between our clients and their family and support team. Please list the people the client can talk to during their stay with us.

Name	Relationship to Youth	Phone Number

Please list the people the client should not have contact with during their stay with us and their phone number if known.

Name	Phone Number

If there are people that the youth should not have contact with during their stay, we will ask those who call for a pass code prior to the individual having contact with the youth. Please indicate which pass code you would like to use and share it with those on the youth’s approved phone call list. Callers who do not have the correct pass code will not be permitted to speak with the youth.

Passcode: _____



Medical Assessment Form Page 1

To be Completed by a Health Care Professional

WBTC offers a 16-week residential treatment program and we have up to 10 clients staying with us full-time. This youth is seeking treatment for addictions issues related to alcohol, drugs, and/or inhalants and we require the following medical information to determine their eligibility for our program and to assist us with their treatment.

Youth's Name: _____

Health Care Professional Name: _____ Date: _____

Please list all current and past medical conditions you are aware of that we may need to be mindful of or that may affect their treatment.

Insulin Carrier Yes No Inhaler Carrier Yes No Epi-Pen Carrier Yes No

Is the youth currently taking any prescribed medications? Yes No

Please note that youth arriving at the centre are only allowed to bring enough prescribed medication for three (3) days. They must bring a copy of their prescription with them, and we will have it filled (bubble pack) at our designated pharmacy in Prince Albert, SK.

Medication	Dose and Frequency

Are you aware of any restrictions the youth may have related to physical activities, living in a group setting, or participating in group and individual counselling sessions?



Medical Assessment Form Page 2

To be Completed by a Health Care Professional

Does the youth have any allergies? Yes No If yes please provide details:

Is the youth exhibiting signs or symptoms of a communicable disease? Yes No

If yes, please provide details:

Based on my examination I find that they youth is fit to attend treatment. Yes No

Signature of Health Care Professional

Date



Tuberculosis Screening Form

To be Completed by a Health Care Professional

WBTC offers a 16-week residential treatment program and we have up to 10 clients staying with us full-time. This youth is seeking treatment for addictions issues related to alcohol, drugs, and/or inhalants and we require Tuberculosis Screening is to be completed to determine their eligibility for our program and to assist us with their treatment.

Youth's Name: _____

Health Care Professional Name: _____ Date: _____

Has Tuberculosis screening been completed for this individual? Yes No

If yes please complete the section below, if no please complete screening and then complete the section below.

Date of test (within the past 2 years): _____

Result: Negative Positive

Vaccine or Treatment Yes No Not Applicable

If yes,

Date of Vaccine or Treatment: _____

Treatment Method: _____

Signature of Health Care Professional

Date



AWOL Policy

It is important that you review our AWOL Policy so that you know what to expect if your youth runs away from the treatment centre from an outing.

Policy Statement

Youth who have been subjected to deprivation, neglect and abuse often use running behavior to cope with frustration or anxiety. Most frequently they are simply 'running away' with no specific destination in mind. Staff must be sensitive to the changing mood of clients and warning signs of impending runs. Overall, the provision of a warm, caring, and supportive environment and good activity programming are the primary factors in the prevention of running behavior.

The goal of this policy is to provide clarity when dealing with a client who has gone AWOL, with the aim of providing the greatest possible level of safety and security to the missing client, other clients, and our staff members.

The policy of WBTC is to not chase clients who AWOL, to do so would put our staff and other clients at risk. The environment surrounding the White Buffalo Treatment Centre is not monitored and can pose a safety risk to clients who decide to AWOL or run from the facility. Dangers include, but are not limited to remoteness, freezing temperatures, proximity to a highway that is poorly lit at night, and wild animals.

Definition

Unauthorized leaves (AWOLs) are defined as situations where a program client is not under the direct supervision of a WBTC employee or is not at the place designated for that client to be at that time. This includes runs (leaving the supervision of the agency), unauthorized home visit extensions, and failure to return from an unsupervised or supervised community outing.

Policy

WBTC staff members will do their best to prevent AWOLs by:

- Always ensuring appropriate and attentive supervision of clients.
- Explaining the potential risks and consequences of AWOLs to clients and their guardians/workers during the intake process. During the intake process this policy will be reviewed and an *Absent Without Leave Procedure Form* will be completed.
- Remaining attentive to the needs of clients, and any possible triggers that may result in an AWOL situation.
- Being aware of sudden changes in behavior that may signal a client's desire to go AWOL.

WBTC shall maintain, in every client file, an *AWOL Procedure* form detailing pertinent information about the client that can be useful in the event of unauthorized leaves. These records will be kept current and shall include:

- The full name of the client
- The full names and contact information of those people to be contacted in the event of an unauthorized leave.
- Client alias(s) if any



- Client date of birth
- Client home community – address of parent/guardian
- Physical description of the client including hair color, eye color, height, weight, scars/tattoos, and any other distinguishing features.
- Status under which the client is placed in our program (i.e., voluntary placement)
- Any court orders currently in effect including: the type of order, date order was issued, date the order expires, charges for which the resident was convicted, listed conditions on the probation order, and the location of the sentencing court.

Procedures

Upon discovering the absence of a client, the worker shall immediately:

1. If at the Centre, check the facility thoroughly to ensure the client is not hiding.
2. Notify the Client Care Lead, if one is not on shift, notify the on-call Client Care Lead.
3. Keep the other clients safe.
4. Watch facility doors for the client's return.
5. Refer to the client's *Absent without Leave Procedure Form* to determine required notification procedures.
6. If the client has not returned in 15 minutes, drive along the highway to see if they are ready to return to the centre.
7. If the client has not returned in 30 minutes notify the RCMP.
 - a. Clients without a probation order are reported as Missing Persons
 - b. Clients with a probation order are reported as a breach of probation order.
8. Follow notification procedures outlined in the client's *Absent without Leave Procedure Form*.

If a client AWOLs from a location outside of the Centre and cannot be found, then staff will immediately notify the police and follow the notification procedures outlined on the client's *Absent without Leave Procedure Form*.

If the client returns, regardless of how long they were gone for, the following procedures will be followed:

1. The client's clothing and personal effects will be searched for contraband prior to the client entering common areas or their bedroom.
2. RCMP and those notified of the AWOL will be informed of the client's return.
3. If the client appears to be under the influence of drugs or alcohol, they will be placed on 15-minute checks until staff feel they are no longer intoxicated. If staff are concerned about an overdose, they are to call 811 (and poison control if applicable) immediately.
4. The client will meet with their Counsellor to:
 - a. Explore issues related to/precipitating the absence.
 - b. Explore alternatives to the running behavior.
 - c. Assess the youth's desire/motivation to be in treatment.



If the client does not return in 24 hours, they will have been considered to have self-discharged from the program.

An information report describing the circumstances of the unplanned leave and information related to the leave is to be completed and submitted to the Client Care Lead and Program Manager as soon as possible following the event.

Should a client go AWOL on more than one occasion, their motivation to complete the program will be reassessed. Early discharge may be decided upon by the Program Manager in collaboration with the Executive Director.