



Nenqayni Wellness Centre
P.O. Box 2529
Williams Lake, BC V2G 4P2
Phone: 250.989.0301 Fax: 250.989.0307
www.nenqayni.com



Young Warriors Day Program

Please detach this page from the Application Package, and use it to ensure that all necessary and relevant documents are included.

APPLICATION PACKAGE & DOCUMENTATION

- Any applicable or relevant **legal orders and documentation** pertaining to client have been attached.
- Application Package completed.
- Photocopies of the following identification materials have been attached, if applicable:
 - Care Card or BC Services Card
 - Birth Certificate
 - Treaty Status Card
- All previous assessments and/or the most recent and relevant information regarding the following have been attached if applicable:
 - Psychological assessments
 - Medical/Psychiatric assessments
 - Probation Orders
 - Consent Forms

PRIOR TO PROGRAM

- Client dry/clean for at least **7 days** prior to entering program. **NO SMOKING** during Program hours.
- Suitable clothing and footwear. (For outdoor activities, Hiking, Sweat, Gym, Swimming, Horseback Riding etc.)
- Fill and blister-pack any required prescriptions (all over the counter, as needed, and prescribed medications and supplements).

We are unable to accommodate wheel chair access needs.



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Young Warriors Day Program Intake Form

This form is to be completed in full when applying to have a client admitted to Nenqayni Youth Program.

Referral Worker: _____

Organization: _____

Address: _____

Phone: _____ Fax: _____

Email address: _____

Applicant Information:

IDENTIFYING INFORMATION				
LEGAL SURNAME		FIRST NAME		PREFERRED NAME (IF DIFFERENT)
DATE OF BIRTH (YYYY/MM/DD)		TELEPHONE		Identifies as: <input type="checkbox"/> MALE <input type="checkbox"/> TWO SPIRIT <input type="checkbox"/> FEMALE
PERSONAL HEALTH NUMBER:		STATUS NUMBER:		BAND NAME
ADDRESS			CITY	PROVINCE POSTAL CODE
Emergency Contact & AWOL Information: Client accepts Emergency Contact will be contacted in the event of an emergency.				
EMERGENCY CONTACT SURNAME		EMERGENCY CONTACT FIRST NAME		RELATIONSHIP TO CLIENT
TELEPHONE		EMAIL		CITY OF RESIDENCE
HAIR COLOUR:	HEIGHT:	TATTOOS:		PIERCING(S):



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Social Services Involvement:

Agency Name: _____

Worker Name: _____

Phone No.: _____ Fax: _____

Client Status: Crown Ward ____ Society Ward ____ Voluntary Placement ____ Customary Care ____

VPA ____ Other: _____

Medical History:

1. Does he/she require a medical consent form? _____

2. Family doctors name and telephone number: _____

3. Is your client currently on any medication? _____

4. Does he/she have any allergies? _____

5. Has Client participated in a substance abuse and/or mental health program?

Currently Previously No treatment history

Psychological Functioning:

6. Has your client ever spoken or wrote about suicide ideations? Yes No

7. Has your client ever attempted suicide? Yes No

8. How many times? _____

9. How did he/she attempt suicide? _____

10. Is the client currently sad/unhappy? Yes No

11. Is there any known history of sexual abuse? Yes No

12. Is there any known history of physical abuse? Yes No



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13. Is there any known history of emotional abuse? Yes No

14. Is there any history of family violence that applicant may have been witness to? Yes No

15. Does anyone else in the youth's family use solvents/substances? Yes No

16. If so, who else? _____

17. Has anyone in his/her family or community received treatment for solvent/substance abuse?

Workers Recommendations:

Indicate what areas of healing that Nenqayni Wellness Center should concentrate on? _____

Any additional information that your client or family feels that might contribute to success of her/his treatment?

Please forward completed information to Nenqayni Wellness Centre at your earliest convenience.



**PARENTAL / GUARDIAN
CONSENT TO TREATMENT**

I/we, the parent(s) legal guardian(s) of _____ do hereby agree and consent to have the above named participate in the Young Warriors Day Program at Nenqayni Wellness Centre, Williams Lake, British Columbia.

Please indicate which program you are applying for:

July 15th – August 2nd, 2019 Monday – Friday 10:00am – 5:00pm Co-Ed, 13-18 years	August 12th – August 30th, 2019 Monday – Friday 10:00am – 5:00pm Co-Ed, 13-18 years
July 20th – August 24th, 2019 Saturday & Sunday Only 10am – 5pm Co-Ed, 13-18 years	

PRINT _____ Parent Guardian Name

_____ Parent Guardian Name

SIGNATURE _____

SIGNATURE _____

DATE: _____

WITNESS: _____



**YOUTH CONSENT TO ATTEND AND PARTICIPATE IN
TREATMENT**

I, (print Clients Name) _____, consent to attend and participate at Nenqayni Wellness Center. I have reviewed the following points and I have initialed each, as confirmation of my understanding.

1. ____ I understand that I am required to attend regularly and participate fully.
2. ____ I understand that I am required to arrive on time and free from substances while attending the Young Warriors Day Program.
3. ____ While in the Day Program; I understand that if I need medical attention, I will be attended to by the proper personnel.
4. ____ I understand it is important to be free from other obligations, therefore I will schedule appointments accordingly.
5. ____ I have completed this application for the Young Warriors Day Program to the best of my knowledge and ability.

Print Youth Name: _____

Youth Signature: _____

Date: _____

Witness: _____



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**AUTHORIZATION TO RELEASE
INFORMATION**

Parent or guardian must complete this page:

I _____ (print name) do hereby authorize Nenqayni Wellness Centre Society to obtain information about child named below:

Name

From court workers, parole or probation officers, social workers, medical or psychiatric practitioners, educators or other relevant professionals.

This consent is given from the date of signing and until 1 year from discharge or completion of program. I am also consenting for Nenqayni Wellness Centre to release such information, only as necessary, to other agencies, when required by law.

Signature: _____

Date: _____

Witness Signature: _____