



Indigenous Youth  
Services

*At Indigenous Youth Services, we are committed to keeping families together.*

*Our client intake form requires the submission of several reports in tandem with submission. Failure to provide all requested documentation or information may result in a denial of services. Indigenous Youth Services' policy on duty of care requires thorough knowledge of the individuals we serve to make positive, lasting change. Indigenous Youth Services does not deny services due to mental health or behavioural needs however, complete and accurate information is required to ensure appropriate support and safety measures are implemented.*

Indigenous Youth Services In-Home Services Intake Package	
Client Name:	Date of Birth (DD/MM/YYYY):
[Canada] Health Card #:	{For use in emergencies}
[America] Insurance Information:	
Emergency Contact & Relationship:	Emergency Contact Phone:
Emergency Contact Email:	
Social Worker Name:	Social Worker Phone:
Social Worker Email:	Tribe/band:

In-Home Support Information		
Address of Home:	Postal Code:	Province:
Guardian Name(s):	Contact Number:	Guardian Email:
Types of Support Needed:	Aggressive Behaviours: Y/N	
Hours Required:	Overnight Awake Required: Y/N	

Desired Start Date:	Projected Duration of Support Required:
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Medical Information	
Diagnosis (list all):	
Psychological Assessments Completed (× or √):	Psychological Assessments Provided (× or √):
Prescribed Medications & Dosages & Administration Times (PRNS included):	
Will staff be required to administer medication during their shifts? (× or √):	

School Information		
Name of School:	Grade:	IEP (× or √):
Address of School:	Contact Number:	
Name of Teacher:	Contact Number:	
Teacher Email:	Guidance Counsellor Name:	
Guidance Counsellor Email:	Guidance Counsellor Contact Number:	
School Transportation Services:	Contact Number:	
Prior Year School Report Card Provided (× or √):		

Safety Plan and Behaviour Plans:	
BSP Provided (× or √):	Target Behaviours (list all):

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Detailed Familial Connections (Include names):	
Relationship with Mother:	Date of Last Contact:
Relationship with Father:	Date of Last Contact:
Relationship with Grandparents (Maternal)	Date of Last Contact:
Relationship with Grandparents (Paternal)	Date of Last Contact:
Relationship with Sibling:	Date of Last Contact:
Relationship with Sibling:	Date of Last Contact:

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Relationship with Aunt:	Date of Last Contact:
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Relationship with Uncle:	Date of Last Contact:
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Past Support Approaches (Please List all Interventions Attempted)	
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Unsuccessful:	Successful:

Preferred Activities, Foods, Shows, etc.:	Unpreferred Activities, Foods, Shows, etc.: