



Indigenous Youth
Services

At Indigenous Youth Services, we are committed to keeping families together. Indigenous Youth Services considers for residential placements for Indigenous youth only when all placement diversion strategies have been exhausted. Indigenous Youth Services requires Placing Agencies to maintain written plans for achieving family reunification following placement of youth within our residential homes.

Our client intake form requires the submission of several reports in tandem with submission. Failure to provide all requested documentation 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

Indigenous Youth Services Intake Package	
Youth Name:	Date of Birth (DD/MM/YYYY):
Indigenous Community:	
Health Card #:	
Guardian Name(s):	Contact Approved (× or √):
Guardian Email:	Guardian Phone:
Social Worker Name:	Social Worker Phone:
Social Worker Email:	

Description of Youth

(Personality characteristics, temperament, interests, life goals, motivations, hobbies, passions, food likes/dislikes, cultural values, etc.)

Interpersonal Information	
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 Siblings:	Date of Last Contact:
Relationship with Extended Family	Date of Last Contact:

School Information		
Name of School:	Grade:	IEP (× or √):
Address of School:	Contact Number:	
School Report Cards Provided (× or √):	Last Grade Completed:	
Behavior Towards and During School:		

Medical Information	
Diagnosis (list all):	
Psychological Assessments Completed (× or √):	Psychological Assessments Provided (× or √):
Prescribed Medications & Dosages (<i>PRNS included</i>):	
Family Physician Name:	Contact number:

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

Placement History				
Pre- Removal Interventions and Supports Provided:			Obstacles Preventing Intervention Success:	
Date of Removal:	Number of Past Placements:	Number of IR's Since Placement:	Number of Physical Interventions Since Placement:	IR's Submitted for Review (× or √):
Reasons for Placement Failure:				

Current Reunification Goals: