



**Kackaamin**  
FAMILY DEVELOPMENT CENTRE

## Child & Youth Application

[www.kackaamin.org](http://www.kackaamin.org)

T. 250.723.7789

F. 250.723.5926



Kackaamin Family Development Centre sits on Hupacasath and Tseshah First Nation unceded territories. We walk respectfully with the intention of helping people on their healing journeys, and practice with reciprocity, honest kindness and kind honesty.

Last Updated: 20 Jan 2025



## Family Program | Child & Youth Application

**\*\*\* Please ensure this application is complete and sent with the Parent/Guardian's Application \*\*\***  
**\*\*\* or your package will be considered incomplete. \*\*\***

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Parental Consent: This can be signed at time of application if the parent/guardian agrees to Kackaamin contacting listed resources for care planning (e.g. a doctor for more information or planning where there are complex health needs).

**Please fax pages 3 – 6 with the parent/guardian application to us at 250-723-5926.**

For more program information, please visit our website: <http://www.kackaamin.org>.

Sincerely,

Kackaamin Family Development Centre

Applicant Initial \_\_\_\_\_

Referral Worker Initial \_\_\_\_\_



## Section 1: Informed Consent

*\*The following document will use the term “child/children” to refer to anyone aged 5-18\**

*To be reviewed by all parents/guardians with the Referral Worker. Please check after discussed to acknowledge:*

- ☐ The child **must** be living with the Applicant (parent/guardian) prior to attending the program and after program.
- ☐ **Shared custody:** other parent/caregiver(s) must be informed of the child’s attendance to the program
- ☐ Children aged 5 – 18 attend the Learning Centre (near the adult group rooms) while the parent/guardian(s) attend day program at Kackaamin. After hours, parents are responsible for the care and safety of their children and youth.
- ☐ Children participate in outdoor activities, age-appropriate healing and wellness activities. Snacks are provided during program hours. Priority for children attending the Family Program is to regulate/learn self-regulation, safety & boundaries, reconnect with their family, and establish strong routines. This builds a sense of safety and security, which is needed for children’s ability to learn effectively.
- ☐ School-based education is guided by our teachers throughout the program for approximately 8 hours per week (during regular school season).
- ☐ The parents/guardians are responsible for bringing weather-appropriate clothing, toys and other care needs for their child (Tylenol, etc.). Kackaamin will have some items to loan such as limited toys and board games.
- ☐ Family Focus: **Children and youth are to be supervised at all times.**
- ☐ **Family Focus:** safe parenting is one of the main focuses of the Family Program. The Parent/guardian must be willing and able to participate and receive feedback and guidance from the team.
- ☐ **Children/Youth should be informed that there is a no-device policy at Kackaamin.** It is strongly encouraged that parents support their child to gradually reduce screen time before attending, so they are not struggling to adapt when program begins.
- ☐ **Parents are in the lead of their children’s learning.** Kackaamin will share tools and teachings, but ultimately it is up to the parents to support the children on their healing journey.

 Parent/Guardian Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applying to attend \_\_\_\_\_ Program at Kackaamin, during \_\_\_\_\_ (dates).

 Referral Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Applicant Initial* \_\_\_\_\_

*Referral Worker Initial* \_\_\_\_\_

## Section 2: Child Information

*Information required for our reporting and safety planning:*

Child Application (0-18)			Date:
Legal Last Name:	Legal First Name:	Alias/Goes by:	
Date of Birth: YYYY/MM/DD ____/____/____	Gender Assigned at Birth:	Personal Health Number:	
Aboriginal Ancestry? <input type="checkbox"/> YES <input type="checkbox"/> NO	First Nation:	On-reserve <input type="checkbox"/>	
	Status #:	Off-reserve <input type="checkbox"/>	
Parent/Guardian Name:		Application Attached <input type="checkbox"/>	
Parent/Guardian Name:		Application Attached <input type="checkbox"/>	
<b>ALLERGIES:</b> (including any food allergies, smudging, etc.)			
Contact Information			
Home Address:		Same as Parent/Guardian Application Address: <input type="checkbox"/>	

*The following information is to help us plan your child's care:*

Family Connection, Wellness and Mobility Information	
<b>Family Relationships</b>	
<b>Current Living Arrangements:</b> <input type="checkbox"/> With parent(s) <input type="checkbox"/> With extended family <input type="checkbox"/> Under Ministry Guardianship <input type="checkbox"/> Other:	
Has this child <i>ever</i> lived away from the parent/guardian? If so, please share more info:	
<b>Wellness &amp; Mobility</b>	
Doctor Name:	Doctor Telephone:
Is your child up to date on immunizations? Yes, attached Immunization Records <input type="checkbox"/> No <input type="checkbox"/> If not, please explain:	
<p><i>Please be aware that if there is risk of exposure to a vaccine-preventable disease (an outbreak, regional alert, etc.), families who are unprotected (not immunized) will not be able to attend program or may be discharged temporarily until it is safe to return.</i></p>	
<div style="text-align: right;"><b>Parent Initial:</b></div>	
Does the child have any physical challenges or chronic health conditions? (e.g. asthma, etc.) <i>Please specify:</i>	

Applicant Initial \_\_\_\_\_

Referral Worker Initial \_\_\_\_\_



Developmental Challenges? <input type="checkbox"/> Yes <input type="checkbox"/> No Info:		Vision/Hearing Challenges? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe:	
Any diagnoses/signs of <input type="checkbox"/> ADHD <input type="checkbox"/> Autism <input type="checkbox"/> FASD <input type="checkbox"/> Other:		Support Services Relating to Diagnoses/Challenges: - - -	
For the safety of your children, please let us know if there is a risk/history of: <input type="checkbox"/> Running (e.g. from class, home) <input type="checkbox"/> Violent outburst <input type="checkbox"/>			
Please list any medications the child regularly takes:			
Medication Name	Dose	Prescribed by	Pharmacy:
<b>Education Information</b>			
School Name:		Phone: Fax:	
Teachers Name:		Email:	Grade:
At school, is your child: <input type="checkbox"/> An independent learner <input type="checkbox"/> Always attends large/main class		<input type="checkbox"/> Mostly independent learner (occasional support)	
<input type="checkbox"/> Has 1-1 learning support <input type="checkbox"/> Attends quieter classrooms			
Any support services accessed currently? <input type="checkbox"/> EA (Education Assistant or one on one support) <input type="checkbox"/> Community Counsellor <input type="checkbox"/> Support Worker <input type="checkbox"/> Speech Therapist <input type="checkbox"/> School Counsellor <input type="checkbox"/> PT/OT			
Any other information you'd like to share:			
<b>Referral Information (To be completed by Referral Worker)</b>			
Referral Worker/Counsellor Name: <input type="checkbox"/> Same as Parent		Title:	
Agency:	Tel:	Fax:	
Email:	Mailing Address:		
Referral Worker Signature		Date	

### Parental Consent

#### Consent for the Release of Confidential Information:

I, (applicant name) \_\_\_\_\_ hereby give permission for the Intake staff at Kackaamin Family Development Centre to contact my referral worker, counsellor, case worker, doctor/nurse, as indicated below for the release of Application information for my child (name): \_\_\_\_\_.

_____	_____	_____
Name	Agency	Phone / E-mail
_____	_____	_____
Name	Agency	Phone / E-mail
_____	_____	_____
Name	Agency	Phone / E-mail

#### Acknowledgment and Assumption of Risk

I understand that with the sharing of information, there is a rare risk of the data transfer being interrupted by persons other than the intended recipient. I understand that in the case of missing transferred data, this could result in an application not being deemed complete by the Kackaamin Intake team, leading to a delay or omission of service.

I understand that Kackaamin staff engages in case conferencing for the benefit of my treatment and healing.

I understand that the information collected and required for Kackaamin Intake will be stored and handled in a confidential manner, and that I may apply to access within the amount of time identified by the Freedom of Information and Protection of Privacy Act.

#### Release of Liability, Waiver of Claims, and Indemnity Agreement

I hereby agree as follows:

To waive all claims that I have or may have in future against Kackaamin Family Development Centre, its agents, directors, employees and representatives and other participants, all of whom are hereafter collectively referred to as Releases.

I have read, understood and agree with the statements in the Acknowledgement and Assumption of Risk portion of this document, and by assuming and acknowledging this risk, I completely absolve all Releases from any and all liability for loss, damage, injury or expense that I may suffer, that a third party may suffer or that my next of kin may suffer as a result of the release of information by the Releases, due to any cause whatsoever.

In entering into this agreement, I am not relying upon any oral or written representation or statements made by the Releases.

I have read and understood this agreement and I am aware that by signing this agreement I am waiving certain legal rights which I or my heirs, next of kin, executors, administrators or assigns may have against the release.

Questions regarding the collection of this information can be directed to the Intake team (Sadie Greenway or Nik Burton @ 250-723-7789).

Applicant Signature

Date

Applicant Initial \_\_\_\_\_

Referral Worker Initial \_\_\_\_\_