2026

Kackaamin
FAMILY DEVELOPMENT CENTRE

Child & Youth Application

Program Applying for:

☐ Grief & Loss (family- *Mar. 8-13, 2026*)

www.kackaamin.org T. 250.723.7789 F. 250.723.5926

Kackaamin Family Development Centre sits on Hupacasath and Tseshaht 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: 5 January 2026

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. ******

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, 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:

What to Expect

- ☐ Children aged 5 – 18 attend the Learning Centre (near the adult group rooms) while the parent/guardian(s) attend day program at Kackaamin. There is a no-smoking/no vaping policy during program hours.
- ☐ 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 learn self-regulation, safety & boundaries, reconnect with their family, culture and identity, and to establish strong routines. This builds a sense of safety and securty, which is needed for children's ability to learn effectively.

Caregiver Responsibilities

- ☐ **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.
- ☐ **Family Focus:** info and guidance for safe parenting is integrated into our programs at Kackaamin.
- ☐ **Children/Youth should be informed that there is a no-device policy and a no-smoking/vaping policy during programming**. Please talk to your child about this and support them to prepare for this change.

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? ☐ YES ☐ NO	First Nation: Status #:	On-reserve ☐ Off-reserve ☐
Parent/Guardian Name:		Application Attached ☐
Parent/Guardian Name:		Application Attached ☐
ALLERGIES: (including any food allergies, smudging, etc.)		
Contact Information		
Home Address:		*Same as Parent/Guardian Application Address:* ☐

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

Family Connection, Wellness and Mobility Information	
Family Relationships	
Current Living Arrangements: ☐ With parent(s) ☐ With extended family ☐ Under Ministry Guardianship ☐ Other:	
Has this child *ever* lived away from the parent/guardian? If so, please share more info:	
Wellness & Mobility	
Doctor Name:	Doctor Telephone:
Is your child up to date on immunizations? Yes, attached Immunization Records ❑ No ❑ If not, please explain: *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.* Parent Initial:	
Does the child have any physical challenges or chronic health conditions? (e.g. asthma, etc.) *Please specify*:	

Applicant Initial _____ *Referral Worker Initial* _____

Developmental Challenges? ☐Yes ☐No Info:	**Vision/Hearing** Challenges? ☐Yes ☐No Describe:

Any diagnoses/signs of ☐ADHD ☐ Autism ☐ FASD ☐Other:	Support Services Relating to Diagnoses/Challenges: - - -

For the safety of your children, please let us know if there is a risk/history of:

- ☐ Running (e.g. from class, home)
- ☐ Violent outburst
- ☐ Self harm, suicidal ideation
- ☐ Substance use. What substance? How often?3:

Please list any medications the child regularly takes:

Medication Name	Dose	Prescribed by	Pharmacy:

Education Information

School Name:	Phone: Fax:	
Teachers Name:	Email:	Grade:

At school, is your child:

- ☐ An independent learner
- ☐ Always attends large/main class
- ☐ Mostly independent learner *(occasional support)*
- ☐ Has 1-1 learning support
- ☐ Attends quieter classrooms

Any support services accessed currently?

- ☐ EA (Education Assistant or one on one support)
- ☐ Support Worker
- ☐ School Counsellor
- ☐ Community Counsellor
- ☐ Speech Therapist
- ☐ PT/OT

Any other information you'd like to share:

Referral Information (*To be completed by Referral Worker)*

Referral Worker/Counsellor Name: ☐ Same as Parent		Title:
Agency:	Tel:	Fax:
Email:	Mailing Address:	

Referral Worker Signature	**Date**

Applicant Initial _____ *Referral Worker Initial* _____

Parental Consent *(please list support workers that may help plan your Intake)*

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 Jamie Del Rio @ 250-723-7789).

Parent Applicant Signature	**Date**

Applicant Initial _____ *Referral Worker Initial* _____