

Identification

Last Name: _____ Sex: M/F D.O.B. _____
 YYYYY/MM/DD
 First Name: _____
 S.I.N.: _____
 Status Native: Yes/No Band Name & #: _____

Personal Information

Marital Status: _____ Health No.: _____
 Language Spoken: English/ Cree / Ojibway / Oji-Cree/ Sioux / French Other _____
 Legal Status (check one): N/A Charges Pending Bail Until: _____
 Other _____ Probation Until: _____
 Number of Children: _____ Number of children in care of others: _____
 (under 18)

Address/Contact

Address: _____ Province: _____
 City/Community: _____ Is this a permanent address? Yes/No
 Phone: _____

Next of Kin

If next of kin is not spouse then fill in this section.

Name: _____ Relation: _____
 Address: _____ Province: _____
 City/Community: _____ Phone: _____

Education

Grade completed: _____ On Reserve: Y/N College University
 Residential School Attendance Graduated: Y/N
 Myself Sibling(s) Diploma/Degree: _____
 Parent(s) Grandparent(s)

Employment

Employed Welfare No Income \$20,000- \$29,999
 Self-Employed Volunteer Less than \$10,000 \$30,000-\$39,999
 Student UI/EI \$10,000-\$19,999 \$40,000 or more
 Homemaker Disability Don't know/Not willing to say
 Other _____

Referral information

Self Agency: _____
 Treatment Facility/Program
 Corrections/Lawyer Contact Person: _____
 C.F.S.
 Other _____ Phone: _____

Substances/Behaviors

Alcohol: _____ Pharmaceuticals: _____
 Narcotics: _____ Gambling: _____
 Inhalants: _____ Tobacco: _____
 Other: _____

Previous Treatment

Residential Treatment within 2 years? Y/N Where? _____
Completed treatment? Y/N How long were you sober afterwards (abstainate)? _____

Assessment

Assessment Only Outreach Day Program Evening Meetings Pritchard House
 Referred out to: _____

Type of program preferred:

Native Spirituality Christianity
 Twelve Step Other: _____

Client dry date _____ Will be attending program with spouse
YYYY/MM/DD

Completed By: _____ **Date:** _____