

Supported Lifestyles Ltd. Responsive Childrens Supports Ltd.
 Positive Developments Ltd.

Intake Information Package

Updated June 20, 2016

Sept. 7. 2016

Updates to this package must be approved by Policy and Procedure Committee

Included : Organization Checklist; Information Letter; Demographic Data; Service Preference; Intake Questionnaire ; Initial Review of Client Services Guide

INTAKE INFORMATION PACKAGE

Organizational Checklist

- Intake Information Package sent – include a copy of the Agency brochure (available at reception) and/or share website information
- Support Approach Team notified of referral and consulted about meeting times. Ensure SAT Director or Associated Director are included in intake meetings for Residential Services, Career Services and Complex Needs Residential. SAT will initiate the initial Risk Assessment process
- Time and location for Intake Meeting booked
- Coordinate with other Service Area(s) if applicable
- Documents to request that Guardian to bring to meeting
 - Guardianship and/or Trustees order(s)
 - Completed Intake Information Package
 - Any past or existing assessments, Reports, and/or Support plans
 - Copies of Doctor's orders, treatment plans (if applicable)
 - Photo of client for medication binder (if applicable)
 - AISH information
- Request Release Forms, Assessments and relevant information from relevant funder/referral source
- Documents to take to Intake Meeting (date scheduled _____)
 - Intake Information Package
 - Extra Intake Information Package
 - Authorization Package
 - Residential Financial Package (if applicable)
 - Client Services Guide
 - Information about potential requirements (furniture, household items, maintenance etc.)

INTAKE INFORMATION PACKAGE

- Completed intake package and additional information to be used to establish initial “intake” profile. Final profile to be completed and authorized within six months of service commencement (policy 1280)

This checklist is for Service Area use only. **Please detach from Intake Information Package.**

INTAKE INFORMATION PACKAGE

INTAKE INFORMATION PACKAGE

(Agency Name)
210, 495-36 Street NE
Calgary, Alberta T2A 6K3

Dear _____,

Please complete this package as it applies to you. Your participation will assist us in facilitating a more efficient and responsive intake process. Any attachments (as requested below) may be faxed or sent to us prior to your intake meeting or provided at that time.

Please feel free to contact _____ at 403-207-5115 (ext.____) if you have any questions regarding this package.

Thank you for your participation!

Sincerely,

Please attach the following:

- a) Completed Intake Information Package – Demographic Data and Intake Questionnaire**
 - b) Any additional assessment information (psychological, psychiatric, functional, diagnostic etc.)**
 - c) Guardianship and/or Trusteeship orders (if applicable)**
 - d) Copies of current support plans**
 - e) Medical information (including current medications being administered)**
 - f) Photo of individual for Medication Binder (if applicable)**
 - g) History of police involvement (if applicable)**
 - h) AISH information (Medical Benefits Card)**
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INTAKE INFORMATION PACKAGE

Demographic Data

Please complete all relevant sections

1. PERSONAL	
Name of individual:	
D. O. B.	
Address:	
Phone Number:	
Identification Number	

2. DESCRIPTION OF INDIVIDUAL	
Height:	
Weight:	
Color of Hair:	
Color of Eyes:	
Distinguishing features or Characteristics	

3. LEGAL SERVICES	
A. Legal guardian:	
Address:	
Phone Number/ Cell Phone	
E-mail Address / FAX	
B. Alternate Guardian:	
Address:	
Phone Number	
E-mail Address / FAX	
C. Informal Representative:	
Address:	
Phone Number	
E-mail Address / FAX	
D. Trustee (legal or small “t”):	
Address:	
Phone Number/ Cell Phone	
E-mail Address / FAX	
E. Vulnerable Person’s Registry	<input type="checkbox"/> Yes <input type="checkbox"/> No

4. MEANS OF TRANSPORTATION	
ACCESS Calgary ID #	
Uses bus and/or C-Train	
Travels Independently:	

INTAKE INFORMATION PACKAGE

5. GOVERNMENT WORKERS	
A. AISH Worker(if applicable)	
Address:	
Phone Number/ Cell Phone	
E-mail Address / FAX	
B. Funder Contact (i.e. PDD, FSCD)	
Address	
Phone Number/ Cell Phone:	
E-mail Address / FAX	

6. FAMILY AND FRIENDS CURRENTLY INVOLVED	
A. Name/Relation:	
Address:	
Phone Number/ Cell Phone:	
E-mail Address / FAX	
B. Name/Relation	
Address	
Phone Number/ Cell Phone:	
E-mail Address / FAX	
C. Name/Relation	
Address:	
Phone Number/ Cell Phone:	
E-mail Address / FAX	

7. MEDICAL	
Alberta Health Care #	
A. Family Physician	
Address:	
Phone Number/FAX	
Date of last complete physical exam?	
List any Allergies:	
B. Dentist	
Address:	
Phone Number/FAX	
Date of last check up?	
C. Optometrist:	
Address:	
Phone Number/FAX	

INTAKE INFORMATION PACKAGE

Please refer to the Supported Lifestyles Agency brochure or website <http://www.supportedlifestyles.com/> for a brief overview of the Service areas.

SERVICE

Check all applicable types of service the Individual is seeking:

Residential Services

- 24 hour Staffed model
- Supportive Roommate
- Respite
- Other _____

Day Support Services

- Paid employment
- Volunteer Work
- Recreation/Leisure Activities
- Education/classes
- Career Planning Course

Complex Needs Residential Service

- 24 hour support model home

Psychology

- Consultation
- Counseling

Support Approach Team:

- Consultation

Preferred Worker Characteristics

Current Involvement or referrals to other agency Services or external Services

INTRODUCTION TO THE INDIVIDUAL

INTAKE INFORMATION PACKAGE

Description of Individual a brief description of the Individual focusing on personality traits e.g. quiet, outgoing, sense of humor etc.

MEDICAL INFORMATION

Diagnosis (please include source):

Describe General Health:

Any Medical Conditions, past hospitalizations:

Dietary considerations and or restrictions; likes and dislikes

Dietary Supports needed (feeding tubes, specialized utensils etc.)

Describe eating habits

INTAKE INFORMATION PACKAGE

Allergies and Allergy Management:

Medication – NOTE: Current Doctor’s prescription is required for all prescription and over-the counter medication prior to service start date. For more information about the Agency’s Medication Information process please ask during the intake meeting

Medication	Prescribed for	Dosage	Time	Possible side effects

Medication - note assistance required with medication administration

Advance Care Planning, have any plans (Goals of Care/Personal Directives)been made:

Please ask us about advance care planning or see our website

<http://www.supportedlifestyles.com/client/advance-care-planning.html> for more information

Mobility Issues: (stairs, bathroom, winter conditions etc.)

COMMUNICATION

Describe general communication (i.e. non-verbal; verbal – single words, sentences; signing, ASL Level; gestures)

K:\Website Information\Relevant Policies for Individuals & Guardians\2017 05 31 Updates\2016 09 07 Intake Information Package.doc

INTAKE INFORMATION PACKAGE

Describe communication skills (i.e. repetitive topics, difficult to understand, reading, writing, and problem-solving)

Describe receptive communication (i.e. how much is understood)

What is the best approach to obtain understanding (simple words, visual clues, eye contact, pictures, gestures, etc.)

INTERPERSONAL AND EMOTIONAL SUPPORT

Behaviours of Concern

Have you ever had any history or concerns with any of the following:

- anxiety lack of motivation compulsiveness
 depression addictions police/legal involvement

Explain

Any Mental Health considerations:

Please fill out this chart with as much detail as possible:

Specific Behavior: Elaborate Below	Frequency	Triggers	Effective past support approaches
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INTAKE INFORMATION PACKAGE

Physical aggression (hit, kick, bite, etc.)			
Verbal aggression (swearing, threats etc.)			
Threats or instances of self-harm/suicide attempts			
Theft			
Property destruction			
Sexuality Issues			
Issues with fire			
Addictions/substance abuse			
Eloping/AWOL/ Bolting			
Other			

INTAKE INFORMATION PACKAGE

Other			
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Past staff requiring WCB involvement yes no unsure
Specify if yes

SOCIAL SKILLS, RELATIONSHIPS AND SEXUALITY

Describe general social skills and areas of strengths:

Family Relationships: (include type and frequency of contact)

Friends: (include type and frequency of contact)

Supports needed to help individuals develop and maintain relationships:

Social issues (e.g., sexuality, risks, etc.):

Outline guardian or independent adult's wishes with regard to agency personnel responding to questions about relationships and sexuality (including consent to address questions when asked):

SAFETY AND EMERGENCY INFORMATION

Individual's General Safety Awareness:

INTAKE INFORMATION PACKAGE

Safety in vehicles: (more information can be included in Transportation section below)

Are any lifts or transfers required

Any considerations regarding workers attire (hats, footwear, jewelry, other Personal Protective Equipment)

Are any Environmental Precautions &/or Restrictives required: (locking up of sharps, cleaning supplies, foodstuffs etc.)

Please complete the chart indicating the level of supervision required in each Area: (e.g., continuous, intermittent, line of sight, arm's reach, physically supporting, or none), frequency of check-in (e.g., every 10 minutes) type of check-in (verbal/ auditory, visual or more than one).

In Home:

INTAKE INFORMATION PACKAGE

Bathroom	Bedroom	Kitchen
Shared Living Spaces (including when housemates are present)	Roommate's Bedrooms	Approved Independent Time in the Home
Calming Rooms	Laundry/Utility Rooms	Basement
Garage	Staff Office	
Other:	Yard (front and/or back)	

In the Presence of Others:

Visitors	Family/Friends	Contractors (e.g., repairs)
Children/Minors	Other (include any considerations around gender)	

Food & Mealtimes:

Choking Risk	Eating with others (e.g., stealing food)	Pace of eating, portion sizes
Use of Cutlery (e.g., plastic only)	Food Hoarding	

In the Community:

Independent Outings (e.g., Check in procedures, Frequency Duration, Reason, Route Approved Destinations Approved companions)	General Requirements in the Community (e.g., traffic safety, mobility, navigation)	Site Specific Concerns (e.g. malls playgrounds, library, restaurants, food courts, etc.)
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INTAKE INFORMATION PACKAGE

	Concerns with Animals (e.g. fear of, targeting, etc.)	

Technology (specify home and community concerns for each):

Internet/computer Use	Social Media	TV
Phone Use		Video games

PREFERRED DAILY ROUTINES & ACTIVITIES

Preferred Daily Routines & Recommended Supports

Describe likes/dislikes/motivation:

Ability to cope with transitions or changes to routine:

Fun activities - (Where possible please include name of activity, time frames, contact person and number, address of activity (directions, bus info, etc.);

Describe support needed for activities:

INTAKE INFORMATION PACKAGE

Fears:

Day Support Planning(i.e. Career Services)

Describe previous employment or volunteer experience

Day Support Planning is offered, covering exploring interests, skills, resume writing, job search and interview skills. Would this be of interest?

List any current employment or volunteer placements (include contacts, addresses and schedule):

Bathing/Showering Procedure and Personal Care needs

Describe personal care and any routines and supports needed:

Describe how best to ask permission and involve individual:

When is bathing typically completed and how long does it take?:

INTAKE INFORMATION PACKAGE

Are there any challenges in participation? What approaches are used to encourage the individual to complete a bathing routine?

Does the individual assist in preparing for bathing (helping to gather items, choosing change of clothes etc.)?

Will encouraging/teaching independence for the individual in his/her bathing routine (teaching what items are necessary to complete a bathing routine, how to wash properly etc. be a goal?

Please comment on preference for water temperature.

Does the individual enjoy their bathing routine?

Are there any concerns (seizures, behaviours etc.) of which staff need to be aware while completing bathing?

Does the individual require the use of any Environmental Interventions or Assistive Technology to assist in the completion of the bathing routine (lifts, bath chairs etc.)?

INTAKE INFORMATION PACKAGE

Is there a treatment plan associated with the bathing routine?

Will the individual have approval for any independent time within this routine?

Guardian and physician approval is required to have a bath that is warmer than 40°C.

How will the individual communicate that the water temperature is too hot/cold (note nonverbal cues for clients with communication challenges) Does the individual require support to set the water temperature?:

FINANCIAL

General residential budget and limitations for personal needs

General supports required to handle cash

General understanding re: budgeting and finances

INTAKE INFORMATION PACKAGE

Assistance needed regarding banking

Public Trustee or informal trustee

Spending arrangements for Career Day

TRANSPORTATION

Transportation city transit (attendant card?) Access Calgary

If vehicle safety is an issue please outline any previous safety plans that have been used ;

As specified in Policy 3383 Preventative Measures to Ensure Safe Driving; If an individual in service begins to exhibit signs of agitation, anxiety or demonstrates any behaviour of concern in a staff vehicle, the staff will immediately pull over to the side of the road when safe to do so. Do not attempt to drive to your planned destination. The employee will call their supervisor, or follow on-call procedures to obtain assistance. If needed ask for assistance from people in the community (e.g., use a cellular phone). If a behavioural situation occurs in a staff vehicle, the staff will write an incident report that day, and forward to their supervisor. Use of staff vehicle will be suspending until a safety plan is in place.

RELIGIOUS AND CULTURAL CONSIDERATIONS

Please include any relevant or important information regarding Religious / Cultural background; considerations for support (e.g., religion, ethnic, social, deaf culture etc.):

INTAKE INFORMATION PACKAGE

HOME LIVING SKILLS AND PREFERENCES

Home Living Skills

Task	Independent	Needs some assistance	Needs full support	Does not wish to participate
Room care				
Dishes				
Vacuuming				
Laundry				
Meal preparation				
Shopping				
Yard maintenance				

HISTORY

Schools attended:

Previous involvement with a Counsellor, Psychologist or Psychiatrist? If so, when and for what reason?
Individual or group counselling?

Previous Service Providers

Name of Agency	Service Provided	Time frame	Reason for leaving

Other Relevant History _____

INTAKE INFORMATION PACKAGE

Initial Review of Client Service Guide Orientation Package

All clients entering into new services will receive an introduction to services and have their rights and responsibilities reviewed within seven days of commencing services.

Date Services Commenced; _____

I have reviewed the service Orientation with _____ (individual) on _____ (date).

Client feedback and Comments:

Signature of qualified staff: _____ date: _____

Witness: _____

Thank you for completing this Intake Package, please forward to agency service contact.

Date: _____

Name of Person Completing Referral Package: _____

Signature: _____

Name of Supervisor Reviewing Referral Package: _____

Signature: _____

Date Intake Package Completed: _____

Complete package to be placed on Client File