Working Open-heartedly, Leading Families to Empowerment

INTAKE APPLICATION PACKAGE

For family-centered residential programming and wrap-around wellness supports

This intake packet assists WOLFE in gathering key information regarding family strengths, current goals, safety planning, cultural preferences, youth support needs, and motivation for change. We ask that all relevant sections be filled out thoroughly, using extra sheets if necessary.

1.Program Understanding and Participant Guidelines

These guidelines should be reviewed with the applicant(s) before the application is submitted.

Guideline	Description
Voluntary Participation	WOLFE is a voluntary program built on choice, collaboration, and commitment. We encourage participants to engage fully in programming, and work toward their personal and family goals. If someone decides the program is no longer the right fit, our team will work with them, and their referral supports, to plan a safe and respectful transition.
Family-Centered Care	At WOLFE, we believe parents and caregivers know their children best. Throughout the program, caregivers continue to play the primary role in caring for and nurturing their children, while WOLFE staff provide guidance, encouragement, practical support, and a safe, structured environment to help the whole family thrive.
Cultural Participation	Families are encouraged to participate in cultural programming, ceremony, teachings, and land-based activities in a respectful way. WOLFE recognizes that cultural connection may look different for each family.
Sobriety and Safety	WOLFE is committed to providing a safe, substance-free environment for all families. Participants are expected to enter the program substance-free and participate in routine and random drug and alcohol screening throughout their stay as part of our commitment to safety, wellness, and recovery.
Programming Expectations	WOLFE encourages active participation in all aspects of programming, including wellness supports, parenting and life skills, cultural teachings and ceremonies, land-based activities, family programming, and scheduled meetings. We understand that health needs, appointments, and other approved circumstances may occasionally affect attendance.
Travel and Appointments	Travel, transportation, and appointments should be planned with the referral worker and WOLFE before admission whenever possible.
Confidentiality	Information shared in this package is confidential and will only be used for intake, planning, safety, service coordination, and reporting to authorized parties.

2. Referral Information

Referral Date	
Referral Worker Name	
Referral Organization/Nation/Agency	
Job Title/Role	
Phone Number	
Email Address	

Reason for referral/current worries:

Referring worker involvement during and after WOLFE programming:

3. Family Overview

Brief family summary, including family composition and current living situation:

Family strengths (for example: willingness to change, parenting strengths, culture, spirituality, communication, supports, resilience, resourcefulness):

Family goals while at WOLFE:

What would successful completion of WOLFE look like for this family?

4. Children Services / Legal / Nation Involvement

☐ Is Children Services currently involved?	
Type of involvement/order/legal status, if known	
Assigned CFS worker name and office	
Nation/DFNA/IGB	
Legal Status ex. FEA /SO/CAG/TGO/PGO provide details, if applicable	
Court dates or important deadlines, if applicable	

Current safety plan, supervision expectations, contact/visitation conditions, or restrictions that WOLFE must be aware of:

5. Adult Participant Information

Adult Participant 1

First name	
Last name	
Date of birth	
Gender / pronouns	
Phone Number	
Email Address	
Current Address	
First Nation / Métis Settlement / Inuit region, if applicable	
Treaty/status number, if applicable	
Health Care Number	

Adult Participant 1: important notes, accessibility needs, language needs, or accommodations:

Adult Participant 2

First Name	
Last Name	
Date of birth	
Gender / pronouns	
Phone Number	
Email Address	
Current Address	
First Nation / Métis Settlement / Inuit region, if applicable	
Treaty/status number, if applicable	

Health Care Number	

Adult Participant 2: important notes, accessibility needs, language needs, or accommodations:

6. Child / Youth Participant Information

Complete one child section for each child/youth who may attend WOLFE. Add additional pages if needed.

Child / Youth 1

First Name	
Last Name	
Date of Birth	
Gender / Pronouns	
Current address, if different from adult participant	
First Nation / Métis Settlement / Inuit region, if applicable	
Treaty/Status Number, if Applicable	
Health Care Number	
Legal Guardian	

Child / Youth 1: strengths, interests, routines, comfort items, and what helps this child feel safe:

Child / Youth 2

First Name	
Last Name	
Date of Birth	
Gender / Pronouns	
Current address, if different from adult participant	
First Nation / Métis Settlement / Inuit region, if applicable	
Treaty/Status Number, if Applicable	
Health Care number	
Legal Guardian	

Child / Youth 2: strengths, interests, routines, comfort items, and what helps this child feel safe:

Child / Youth 3

First Name	
Last Name	
Date of Birth	
Gender / Pronouns	
Current address, if different from adult participant	
First Nation / Métis Settlement / Inuit region, if applicable	
Treaty/Status Number, if Applicable	
Health Care number	

Legal Guardian	

Child / Youth 3: strengths, interests, routines, comfort items, and what helps this child feel safe:

Child / Youth 4

First name	
Last name	
Date of birth	
Gender / pronouns	
Legal guardian(s)	
Current address, if different from adult participant	
First Nation / Métis Settlement / Inuit region, if applicable	
Treaty/status number, if applicable	
Health Care number	
Legal Guardian	

Child / Youth 4: strengths, interests, routines, comfort items, and what helps this child feel safe:

7. Cultural Connection and Family Traditions: Details, if applicable

☐ Does the family currently practice any cultural traditions?	
☐ Does the family live on the Nation	
☐ Are there cultural protocols WOLFE should be aware of?	

☐ Are there ceremonies/teachings the family is interested in?	

Please describe cultural practices, teachings, ceremony, language, land-based activities, Elders/Knowledge Keepers, or community connections that are important to the family:

8. Relationship / Family Dynamics

Complete only what applies. This section is meant to understand family strengths, stressors, and safety needs; it is not limited to marital or romantic relationships.

Relationship strengths within the family:

Relationship stressors, conflict patterns, domestic/family violence concerns, separation concerns, or safety planning needs:

Have there been challenges related to relational trust, emotional security, or infidelity? If yes, please describe how these dynamics affect the relationship and how staff can best support you.

What happened recently that led to the family seeking support now?

9. Support: Filled out by Referring Worker

Please identify all those to include for network support (family, friends, organizations that family can contact while at WOLFE)

Name	Relationship / role	Phone / email	Can WOLFE contact?

10. Child Wellness, Safety, and Behaviour Information

Complete one table for each child/youth. Use the description column for details, triggers, patterns, diagnoses, supports, medications, allergies, and what helps.

Child / Youth 1 Name: _____

Area	**Yes**	**No**	**Describe/Explain**
Aggression towards others or self			
Violent outbursts			
Challenges with authority or transitions			
Cruelty to animals			
Fire setting			
Bed wetting / toileting concerns			

Sexualized or inappropriate sexual behaviours			
Suicidal ideation or suicide attempts			
Self-harm / self-mutilation			
School absences / attendance concerns			
Mental health or medical diagnosis			
Daily medication			
Allergies / dietary needs			
Sleep concerns / nightmares			
Sensory needs / neurodiversity supports			
Additional information to be shared			

Child / Youth 2 Name: _____

Area	Yes	No	Describe/Explain
Aggression towards others or self			
Violent outbursts			
Challenges with authority or transitions			
Cruelty to animals			
Fire setting			
Bed wetting / toileting concerns			
Sexualized or inappropriate sexual behaviours			
Suicidal ideation or suicide attempts			
Self-harm / self-mutilation			
School absences / attendance			

concerns			
Mental health or medical diagnosis			
Daily medication			
Allergies / dietary needs			
Sleep concerns / nightmares			
Sensory needs / neurodiversity supports			
Additional information to be shared			

Child / Youth 3 Name: _____

Area	Yes	No	Describe/Explain
Aggression towards others or self			
Violent outbursts			
Challenges with authority or transitions			
Cruelty to animals			
Fire setting			
Bed wetting / toileting concerns			
Sexualized or inappropriate sexual behaviours			
Suicidal ideation or suicide attempts			
Self-harm / self-mutilation			
School absences / attendance concerns			
Mental health or medical diagnosis			
Daily medication			
Allergies / dietary needs			

Sleep concerns / nightmares			
Sensory needs / neurodiversity supports			
Additional information to be shared			

Child / Youth 4 Name: _____

Area	Yes	No	Describe/Explain
Aggression towards others or self			
Violent outbursts			
Challenges with authority or transitions			
Cruelty to animals			
Fire setting			
Bed wetting / toileting concerns			
Sexualized or inappropriate sexual behaviours			
Suicidal ideation or suicide attempts			
Self-harm / self-mutilation			
School absences / attendance concerns			
Mental health or medical diagnosis			
Daily medication			
Allergies / dietary needs			
Sleep concerns / nightmares			
Sensory needs / neurodiversity supports			
Additional information to be shared			

Continues

To Be Completed With The Participant/s

11. Applicant Perspective and Readiness for Change

What brought you to the decision to apply to WOLFE at this time?

What areas of your life do you want to change or strengthen?

What are your biggest hopes for your children and family?

What do you feel may be difficult for you while in the program?

How can WOLFE staff best support you when you are overwhelmed, triggered, or struggling?

Are Indigenous cultures, values, ceremony, or community connections important to your healing and change? Please explain.

10. Substance Use / Wellness History

This section is completed by the adult applicant(s). Please answer honestly so WOLFE can plan appropriate safety, wellness, relapse prevention, and referral supports.

What substance(s) or behaviours are you seeking support for?

How long have you struggled with substance use or related concerns?

What has been your longest period of abstinence or stability? What helped during that time?

What led to relapse or increased risk in the past?

Have you previously attended detox, treatment, counselling, cultural healing, or recovery programming? Include program name, date, length, and whether completed.

What areas have been affected by substance use or wellness concerns? Consider parenting, relationships, housing, finances, school/work, mental health, legal involvement, friendships, and daily routine.

Do you have current mental health, grief, trauma, medical, medication, or safety concerns WOLFE should know about?

11. Consent, Authorization, and Signatures

By signing, the applicant(s) and referring worker confirm that the information provided is accurate to the best of their knowledge and that WOLFE may use this information for intake review, safety planning, program planning, service coordination, and reporting to authorized parties.

Name	Role	Signature	Date
	Adult Applicant 1		
	Adult Applicant 2		
	Referral Worker		
	WOLFE Intake Reviewer		