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*Walgwan Center*  
**ADMISSION REQUEST FOR RESIDENTIAL PROGRAM**

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**A) Please complete the following material**

- |   |                          |                         |                          |
|---|--------------------------|-------------------------|--------------------------|
| Admission request form – All 5 Sections | <input type="checkbox"/> | Smoking Consent form    | <input type="checkbox"/> |
| Consent form                            | <input type="checkbox"/> | Commitment to Care form | <input type="checkbox"/> |
| Other clinical reports if available     | <input type="checkbox"/> |                         |                          |

**B) Please ensure that all following documents are included and signed by the parties required.**

	Is Included	Will follow	Is Not available
Birth certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Band # / Beneficiary #	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social insurance card	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scholastic information and school report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Info on the consumption of substances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Court Order/ Alternative measures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consent form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical report/ TB result (mandatory)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health care card	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Others (reports from previous treatments)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation letter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Ensure that the minimal clothing inventory has been completed, indicating the client shall be admitted with all required clothing.

If you have any additional information you think would be helpful, or if you require more room than what has been allotted on the forms, please attach additional pages.

**C) Mail or fax the above material to the attention of:**

<b>INTAKE WORKER</b>	
<b>First Nations youth Rehabilitation Centre, P.O. Box 1009</b>	
<b>Maria (Québec) G0C 1Y0</b>	
<b>Tel: (418) 759-3006</b>	<b>Fax: (418) 759-3064</b>

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**SECTION 1. IDENTIFICATION**

**1.1. CLIENT IDENTIFICATION:**

Name: \_\_\_\_\_ Sex: F  M

Date of Birth (DD/MM/YY) \_\_\_\_\_ Indian Status: Yes  No

Band Name: \_\_\_\_\_ Nation: \_\_\_\_\_

Living: On reserve  Off reserve  Band number: \_\_\_\_\_ / \_\_\_\_\_  
 (10 digits) (And beneficiary if applicable)

Languages spoken: \_\_\_\_\_

Languages written: \_\_\_\_\_

Address of residence: \_\_\_\_\_

Postal code: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_

Health care #: \_\_\_\_\_ S.I.N. #: \_\_\_\_\_

Contact person in case of Emergency: Name: \_\_\_\_\_

Relationship with client: \_\_\_\_\_

Phone Number-s: \_\_\_\_\_

**1.2. FAMILY IDENTIFICATION:**

1.2.1. Type of family: Biological family  Adoptive family

NAME	ADDRESS	PHONE NUMBER
Father:		
Mother:		
Sibling 1 (Oldest)		Age:
Sibling 2 (Next oldest)		Age:
Sibling 3		Age:
Others?		

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**1.2.2. Who is presently appointed as Legal Guardian for this client?**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to client: \_\_\_\_\_  
(parents, grand-parents, uncle, etc...)

**1.2.3. Who does the client live with at the present time?**

Biological family  Adoptive family  Legal guardian  Other? \_\_\_\_\_

If other, please Name person or institution: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: (     ) \_\_\_\_\_

Please list the persons in the household if different from 1.2.1. at the moment of reference

Name of person	Relationship with client if any

**1.2.4. Does the client have any children?      Yes       No**

If yes, please indicate the age of the child or children, where and with whom the child or children reside, and give details about the relationship between the client and his/her child or children?

\_\_\_\_\_  
 \_\_\_\_\_

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**1.3. RESOURCE IDENTIFICATION:**

**1.3.1. Referral Sources**

Assessor's name: \_\_\_\_\_

Relationship to client: \_\_\_\_\_

Agency's name: \_\_\_\_\_

Address: \_\_\_\_\_

Province: \_\_\_\_\_ Postal code: \_\_\_\_\_

Phone #: (     ) \_\_\_\_\_ Fax #: (     ) \_\_\_\_\_

Name of After care counsellor: \_\_\_\_\_

Relationship to client: \_\_\_\_\_

Agency's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Province: \_\_\_\_\_ Postal code: \_\_\_\_\_

Phone #: (     ) \_\_\_\_\_ Fax #: (     ) \_\_\_\_\_

**1.3.2. Please give name and phone numbers of all other workers involved in this admission:**

Social worker: \_\_\_\_\_ Phone #: (     ) \_\_\_\_\_

Psychologist: \_\_\_\_\_ Phone #: (     ) \_\_\_\_\_

Probation Officer: \_\_\_\_\_ Phone #: (     ) \_\_\_\_\_

Others: \_\_\_\_\_ Phone #: (     ) \_\_\_\_\_

**1.3.3. Please identify the resources that are available in the client's community:**

N.N.A.D.A.P. Worker  Youth Worker

Social Worker  Elder

Community Health Representative  Others? \_\_\_\_\_

**1.3.4.. Please identify all services used by the client in the past, and explain for what purpose:**

\_\_\_\_\_  
\_\_\_\_\_

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SECTION 2. PROFILES

2.1. CLIENT'S PROFILE

2.1.1. Please identify which of the following conditions apply to the client :

- |                      |                          |                    |                          |                        |                          |
|----------------------|--------------------------|--------------------|--------------------------|------------------------|--------------------------|
| Solvent abuse        | <input type="checkbox"/> | Alcohol abuse      | <input type="checkbox"/> | Other substance abuse  | <input type="checkbox"/> |
|                      |                          |                    |                          | Specify: _____         |                          |
| Past physical abuse  | <input type="checkbox"/> | Past sexual abuse  | <input type="checkbox"/> | Conflict with parent   | <input type="checkbox"/> |
| Aggressive behaviour | <input type="checkbox"/> | Assault behaviour  | <input type="checkbox"/> | Sexual offender        | <input type="checkbox"/> |
| Prostitution         | <input type="checkbox"/> | Self-mutilation    | <input type="checkbox"/> | Suicide attempts       | <input type="checkbox"/> |
|                      |                          |                    |                          | Suicidal ideations     | <input type="checkbox"/> |
| Running away         | <input type="checkbox"/> | Illegal activities | <input type="checkbox"/> | Peer's solvent abusers | <input type="checkbox"/> |
| Grade retention      | <input type="checkbox"/> | School drop out    | <input type="checkbox"/> | Wandering around       | <input type="checkbox"/> |

2.1.2. Do the above conditions occur mainly under the influence of substances? Yes  No

If yes, clarify \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2.1.3. **Aggressive & Assault behaviour:** Specify at what age, circumstances and towards whom this behaviour took place and if the client was under the influence or not:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**2.1.4. Past sexual & physical abuse:** Specify in which context these events occurred, whether they are still going on today and at what age they began:

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**2.1.5. Self-mutilation, Suicide attempts & suicidal ideation:** Specify at what age incidents occurred, what methods were used for mutilation or attempted suicide and what triggered this type of behaviour. As well, please explain if the client was under the influence or not and how many attempts were made:

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**2.1.6. Did the client get any counselling in regards to the above conditions?** Yes  No

If yes, provide name and phone # of counsellor:

Name: \_\_\_\_\_ phone #: ( ) \_\_\_\_\_

Is report of counselling included? Yes  No

**2.1.7. Has the client ever attended a treatment centre for problems related to substance abuse?**

Yes  No  If yes, provide information about the last treatment Centre:

Name: \_\_\_\_\_ phone #: ( ) \_\_\_\_\_

Date: \_\_\_\_\_ Is report of last treatment included: Yes  No

**2.1.8. Does the client practice a specific religion?** Yes  No

Which one? \_\_\_\_\_

**2.1.9. Has the client ever practiced a native traditional approach?** (EX: sweat lodge, healing circle, spiritual guide, elder, traditional camping, etc...) Yes  No

**2.1.10. Are there restrictions imposed by the family or the client about using a traditional approach?**

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9. 2.1.11.

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**2.1.11. Solvent and other Substance abuse information**

Please indicate all known substances used by the client:

- |  |                                      |  |                                      |
|--|--------------------------------------|--|--------------------------------------|
| Gasoline <input type="checkbox"/>                    | Butane <input type="checkbox"/>      | Cleaning fluids <input type="checkbox"/> | Diesel fuel <input type="checkbox"/> |
| Typewriter Correction Fluid <input type="checkbox"/> | Nail polish <input type="checkbox"/> | Paint remover <input type="checkbox"/>   | Cement <input type="checkbox"/>      |
| Nail polish remover <input type="checkbox"/>         | Hair spray <input type="checkbox"/>  | Propane <input type="checkbox"/>         | Deodorants <input type="checkbox"/>  |
| Spray paint <input type="checkbox"/>                 | Glue: <input type="checkbox"/>       | Room deodorizer <input type="checkbox"/> |                                      |

Prescribed medication

Over counter drugs

*Specify which ones:* \_\_\_\_\_

*Which ones?( Tylenol, cough syrup)* \_\_\_\_\_

Alcohol

Marijuana, Weed or Hashish

Cocaine

PCP

L.S.D.

Others? *Specify which ones:* \_\_\_\_\_

**2.1.12. List substances used in order of preference:**

Substance	Date		Frequency of use (How often)	Quantity consumed (How much)
	First Use	Last Use		

2.1.13. Did the client's usage of substances increase over time?      Yes       No

2.1.14. At what age did the client used the most? \_\_\_\_\_

2.1.15. What elements trigger use of substances? \_\_\_\_\_

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**2.1.16. What are the reasons given by the client for using substance?**

- |                         |                          |                                 |                          |                       |                          |
|-------------------------|--------------------------|---------------------------------|--------------------------|-----------------------|--------------------------|
| To make friends         | <input type="checkbox"/> | To do like my friends           | <input type="checkbox"/> | To be part of a group | <input type="checkbox"/> |
| Because nobody likes me | <input type="checkbox"/> | Because nobody takes care of me | <input type="checkbox"/> | To have fun           | <input type="checkbox"/> |
| To forget my problems   | <input type="checkbox"/> | Because nobody understands me   | <input type="checkbox"/> |                       |                          |
| Other                   | <input type="checkbox"/> | _____                           |                          |                       |                          |

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**2.1.17. Has the Client ever experienced a period of abstinence? Yes  No**

If yes, explain when this period occurred and how long it lasted: \_\_\_\_\_

What methods did the client use in order to reach that level of abstinence at the time? \_\_\_\_\_

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**2.1.18. Indicate the effects that using substances has on the client's life:**

- |   |                          |  |                          |                          |                          |
|---|--------------------------|--|--------------------------|--------------------------|--------------------------|
| Loss of friends                                       | <input type="checkbox"/> | Suspension from school                                     | <input type="checkbox"/> | Aggressive behaviour     | <input type="checkbox"/> |
| Feelings of regrets                                   | <input type="checkbox"/> | Arrest for committing an illegal act                       | <input type="checkbox"/> | Feelings of shame        | <input type="checkbox"/> |
| Loss of appetite                                      | <input type="checkbox"/> | Hurt somebody you care about                               | <input type="checkbox"/> | Experienced a blackout   | <input type="checkbox"/> |
| Feelings of guilt                                     | <input type="checkbox"/> | Experienced suicidal attempt                               | <input type="checkbox"/> | Forgetting what happened | <input type="checkbox"/> |
| Being afraid without knowing why                      | <input type="checkbox"/> | Becoming sick after stopping to sniff for a couple of days | <input type="checkbox"/> |                          |                          |
| Having to be taken to the hospital                    | <input type="checkbox"/> | Seeing or hearing things that were not really there        | <input type="checkbox"/> |                          |                          |
| Having been in dangerous situations or in an accident | <input type="checkbox"/> |  |                          |                          |                          |

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**2.2. FAMILY'S PROFILE**

2.2.1. Please provide information known about client's father and mother

YES =  NO =  don't know = ?

	Biological		Adoptive	
	Father	Mother	Father	Mother
Alcohol abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental disorders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Others</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please specify \_\_\_\_\_  
 \_\_\_\_\_

2.2.2. Please provide information known about client's families YES =  NO =  don't know = ?

	Biological Family	Adoptive Family	Current Live-In Family
Suicide attempts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Matrimonial violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poverty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family unemployment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Others</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please specify \_\_\_\_\_  
 \_\_\_\_\_

2.2.3. List the significant people that are most supportive of client's solvent treatment.

Name: \_\_\_\_\_ Relationship with client: \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship with client: \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship with client: \_\_\_\_\_

2.2.4. Please provide general information about the relationship between the client and his/ her live-in family members: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



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SECTION 4. MEDICAL / 4.1. CLIENT'S MEDICAL INFORMATION

**4.1.1. Identification of physician:**

Name of Clinic: \_\_\_\_\_

Name of Medical Examiner: \_\_\_\_\_ Title: \_\_\_\_\_

Postal code: \_\_\_\_\_ Phone #: \_\_\_\_\_

**4.1.2. Client's information:**

Name: \_\_\_\_\_

Client's file #: \_\_\_\_\_ Health Insurance Number: \_\_\_\_\_

BP: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_

Are immunizations up to date?      Yes       No       Unknown

If not, what is presently required? \_\_\_\_\_

**4.1.3. A test for Tuberculosis is required prior to admission.**

Please indicate: Date: \_\_\_\_\_ Results: \_\_\_\_\_

Is test report included?    Yes     No     If not, please explain : \_\_\_\_\_

**4.1.4. If appropriate indicate:**    Date of last menstrual period: \_\_\_\_\_

Is client pregnant?:    Yes     No     If yes, how many weeks? \_\_\_\_\_

**4.1.5. Physical examination by:** \_\_\_\_\_ **Date of exam:** \_\_\_\_\_

	Normal	Abnormal → Specify	
<input type="checkbox"/> Gastro-intestinal	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Genito-urinary	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Respiratory	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Cardio-vascular	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Musculo-skeletal	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Reticulo-endothelial	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Blood, lymphatic	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Abdomen	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Thyroid	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Appearance	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Ear, nose, throat	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Hair, skin, nails	<input type="checkbox"/>	<input type="checkbox"/>	_____

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**Other health problems**

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> Eating problems  | <input type="checkbox"/> Sleeping problems           | <input type="checkbox"/> Enuresis       | <input type="checkbox"/> Learning problems |
| <input type="checkbox"/> Asthma           | <input type="checkbox"/> Diabetes                    | <input type="checkbox"/> Epilepsy       | (Disabilities)                             |
| <input type="checkbox"/> Allergies        | <input type="checkbox"/> STD                         | <input type="checkbox"/> Hyperactivity  | <input type="checkbox"/> Mental deficit    |
| <input type="checkbox"/> Agitation        | <input type="checkbox"/> Difficulty in concentrating | <input type="checkbox"/> Hallucinations | <input type="checkbox"/> Vision problems   |
| <input type="checkbox"/> Hearing problems | <input type="checkbox"/> Coordination problem        | <input type="checkbox"/> Poor memory    | <input type="checkbox"/> Poor hygiene      |
| <input type="checkbox"/> Lice and nits    | <input type="checkbox"/> Skin problems               |   |  |

Please provide details of health problems and related treatments, if appropriate:

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**4.1.6. Mental health**

Does client have mental health problems? Yes  No  Unknown

If yes, please specify:  Fears, distress  Depression  Suicidal ideation  Suicide attempts  
 Paranoia  Others: \_\_\_\_\_

Please provide information concerning the client's mental problems, such as what triggered them, the dates and/or periods where they occurred, the duration and methods used to control them, etc...

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Is the client presently under the care of a professional? Yes  No

If yes, Name of specialist: \_\_\_\_\_

Reason for follow-up: \_\_\_\_\_

Please provide the report of the specialist – Is report included? Yes  No  \_\_\_\_\_

If the client is not under care, would you suggest a professional follow-up based on your evaluation?

Yes  No  If yes, for what reasons? \_\_\_\_\_

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**4.1.7. Medication**

Does the client take medication?

Yes

No

Unknown

If yes, please list:

**Medication**

**Start Date/End Date**

**Dosage**

**Reason**

_____	_____/_____ /	_____	_____
_____	_____/_____ /	_____	_____
_____	_____/_____ /	_____	_____
_____	_____/_____ /	_____	_____

**4.1.8. Dietary Restrictions:**

Does client have any dietary restrictions? Yes

No

Unknown

If yes, please list:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**4.1.9. Please provide all other relevant medical information:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date the client was seen: \_\_\_\_\_

Signature of specialist: \_\_\_\_\_

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**SECTION 5. LEGAL STATUS**

*\*\*\* This Information Refers To The Young Offenders And Youth Protection Acts \*\*\**

**5.1. Client's Legal Status :**

Current Legal Status:    NO legal Status     OR please provide all details required below as applicable

Youth Protection Act: <input type="checkbox"/>	Young Offenders' Act <input type="checkbox"/>
Article 38,    A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> H <input type="checkbox"/>	Alternative Measures: <input type="checkbox"/> Court Order: <input type="checkbox"/>
Alternative Measures: <input type="checkbox"/> Court Order: <input type="checkbox"/>	Ordinance # : _____ Article #: _____
Ordinance # : _____ Article #: _____	Description: _____ _____
Expiration Date: _____	Expiration Date: _____
	Offence: _____

*\*\*\* If Young Offender or Youth Protection Act, please include all necessary legal documentation \*\*\**

**5.1.1. Placement History information in relation to Young Offender OR Youth Protection OR Voluntary Placement**

Date and duration of placement	Residence	Caregiver's name
<b>1.</b>		
<b>2.</b>		
<b>3.</b>		
<b>4.</b>		
<b>5.</b>		

**5.1.2. Court Appearance:** Is there a date where the client must appear in court?    yes        no   

If yes, please provide date of appearance: \_\_\_\_\_

Reasons: \_\_\_\_\_

**5.1.3. Contacts :** Is there anyone who is forbidden from contacting this client? (Court injunction, limitations, or...)

Name: \_\_\_\_\_ Relationship to the client: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to the client: \_\_\_\_\_

*\* Please include Pre-Sentence Report, Court Decisions, Probation Report and other relevant reports in annex \**

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CONSENT FORM

I, \_\_\_\_\_ on this date \_\_\_\_\_  
(Parent / Legal Guardian) (Today's date – dd / mm/ yy)

authorize the executive Director of the FIRST NATIONS' YOUTH REHABILITATION CENTER or his delegate to Provide rehabilitations treatment for: \_\_\_\_\_ / \_\_\_\_\_, For a possible  
Name of client Date of birth  
period of up to six months in residential care.

**I understand that I am also:**

Consenting to psychological or psychiatric assessment

Consenting to medical assessment and treatment

Allowing the Center to transmit & receive personal information concerning the clinical files to and from:

Social Services, Psychological Services, N.A.A.D.A.P. Worker, Youth Center

Psychiatric Services ,Schools, and others as required.

**I understand** that no information will be released to any other person without my written consent except to persons directly involved with my treatment.

**I can withdraw or amend** my consent to the release of information at any time.

Signature of the client \_\_\_\_\_

Signature of parent \_\_\_\_\_

or legal guardian

Signature of the referent \_\_\_\_\_

Start date of consent \_\_\_\_\_ End date of consent \_\_\_\_\_

(30 days after treatment)

Centre de réadaptation jeunesse des  
Premières Nations  
Centre Walgwan



First Nations  
Youth Rehabilitation Center  
Walgwan Center

## Smoking Consent

### Smoking Policy

Smoking in the Walgwan Center is not allowed. The designated smoking area will be outside. Youth will not be allowed to carry cigarettes, lighters or matches at any time. Cigarettes and lighters will be kept by the staff. Smoking is only allowed at scheduled breaks. Cigarettes are then distributed by the staff. Smoking will not be allowed during outdoor or indoor activities. Smokers entering the Walgwan Center will be highly recommended to participate in a non-smokers program as part of their rehabilitation. They will be monitored by the staff and supported to reach their goal of becoming non-smokers.

### Background

There are numerous factors that triggered Walgwan Center's decision to leave the decision of smoking up to the care givers. One of them is that the majority of youths coming to the Center are already smokers and they wish to continue. Since in the past you allowed them to smoke, your youth is saying that you will allow him or her to continue and that you, as care givers, will supply him or her with tobacco.

Please sign in the space below to consent:

**As care giver, I give my consent to allow the youth to smoke:**

<b>Parent/Guardian</b>		<b>Youth</b>	
		<b>Date</b>	

Following your consent, we would like you to send cigarettes to your youth. The Clinical staff at the Walgwan Center will give away cigarettes to the youth at the smoke break scheduled four times per day only. All cigarettes and lighters or

matches will be kept in the youth's personal box.

If this form is not returned, we will assume that this youth does not have permission to smoke. A follow-up phone will insure that this form has been received.

Note that the Walgwan Center staff has the right to revoke all smoking privileges in the case of infraction to the rules by the youth.

If infraction occurs, the parents will be notified that the Center rules are not being followed and that parents should stop sending cigarettes. If cigarettes continue to be sent they will be held by the staff.

**I am willing to follow the above rules**

<b>Youth's signature:</b>	
<b>Date :</b>	

## Commitment Contract

Following the admission of \_\_\_\_\_, the day of \_\_\_\_\_, I, \_\_\_\_\_, (relationship with youth) \_\_\_\_\_, commit myself to support him during his stay at the Walgwan Center and also to get information about his progression in his program.

I will keep in contact with the youth by phone call every:

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We are suggesting calling after 6 o'clock at the following number: (418) 759-3075. There might be special authorization concerning hours of call according to the working schedule of the counsellors.

Sign on \_\_\_\_\_, in Gesgapegiag (Walgwan Center)

Client's name: \_\_\_\_\_

Intervener's name: \_\_\_\_\_

Parent's name: \_\_\_\_\_

Significant person's name: \_\_\_\_\_

Name of the employee at Walgwan Center: \_\_\_\_\_



First Nations Youth  
Rehabilitation Center  
Walgwan Center

Rules and Regulations Booklet

---

**Name of youth**

## Contents

[Welcome](#)

[Behaviour Expectations](#)

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[Drugs – Alcohol – Solvents](#)

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## Walgwan Center Rules and Regulations

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### Welcome

Welcome! We are happy to have you here at the Center and we look forward to a productive time with you. This document is your guide to the program's regulations. Please read it carefully. If you have any questions, please ask. We will answer them with pleasure. Once again, welcome to the Walgwan Center.

### Behaviour Expectations

Being at the Walgwan Center, we hope you will want to make this place your temporary home. You are a member of our family. Maintaining a home-like atmosphere is expected from you. This includes:

- Demonstrating respect for yourself and others.
- Accepting responsibilities for your own behaviour and also behaving in a socially acceptable manner.
- Taking care of your room by keeping the area clean and behaving in such a way that you do not damage your surrounding.
- Accepting that the staff, the adults in our family, is the individuals in authority.

### Cardinal Rules – Tolerance Zero for Drugs, Alcohol and Violence

#### Drugs – Alcohol – Solvents

All clients are expected to remain free of drugs, alcohol and solvents. In order to meet this expectation, the following precautions may be used:

- Room searches may be conducted at any time in the presence of the clients occupying the room.
- Personal belongings, searches of all items brought in are conducted by staff members. These searches, in the presence of clients, are done at admission, for postal packages, after shopping and at departures.

#### Relatives and visitors

Relatives and visitors entering the Center will not be allowed in if intoxicated or "high". Any relatives or visitors attempting to bring in inappropriate substances will be reported to law enforcement.

## **Violence**

- Any form of violence towards staff members and youths is unacceptable.
- Any destruction of the Center materials, other clients' belongings and your own is unacceptable.
- You will pay, make restitution and/or lose activities for anything destroyed or stolen.

## **Code of Conduct**

Clients of the Center will respect themselves, others, property and equipments at all times. The use of foul language, mimicking and degrading gestures are unacceptable. Clothing and personal items that advertise alcohol, drugs, sexually explicit or satanic in nature is unacceptable.

## **Required Clothing**

Hats - tuques - sweatshirts - pants - t-shirts - swimming suits - underwear - socks - winter boots - pyjamas - mittens - gloves - gym shorts - jogging pants - raincoat - shoes - sneakers - slippers - winter coat.

## **Items not allowed**

White out - occult items - tape players - lighter - recorders - knives - markers - scissors - glue - spikes - aerosol cans - metal hanger - mouthwash - lighter fluid

Walkman are allowed but used on personal time only.

Sunglasses may be used for outside activities only.

Belts may be used but will be kept by staff when not used.

## **Smoking Policy**

Smoking in the Center is not allowed. The designated smoking area will be outside. Youth will not be allowed to carry cigarettes, lighter and matches at any time. Cigarettes will be kept in the educator's office. Smoking is only allowed at scheduled breaks. Cigarettes will be distributed by the staff only when outside at the designated smoking area. There are two designated smoking areas outside:

- Outside the exit door situated near the clients' bedrooms
- Outside the exit door in the multi-purpose room.

The area used for smoking will depend on where the clients are at the time of the break.

Smoking is not allowed during outdoor activities or field trips other than scheduled smoking breaks. Smokers entering the Center will be asked to participate in a non-smoking program as part of their rehabilitation. They will be presented with a non smokers' program by their tutor. They will be monitored by

the staff and encouraged to become a non smoker. Only clients with consents from parents will be allowed to smoke.

### **Clients Responsibilities**

You will respect the rules and regulations of the Center, including during the outdoor and indoor activities. You will respect the property of the Center and the belongings of others. You are responsible for the chores that are assigned to you every day. You are responsible for the up keeping of your room (bed, clothing, towels). Each morning, before breakfast, your bed is made; clothing put away, towels picked up and floor swept.

### **Telephone Calls**

The staff will monitor all telephone calls. No collect calls will be accepted. Time limit for incoming or outgoing calls will be 15 minutes. You are allowed to make one call per week. Incoming calls may be limited as need may arise and will be between 6 to 9 p.m. (there might be exceptional cases).

### **Physical Fitness**

It is important during your stay at the Center to improve your physical fitness. Activities will be organized by the staff. They will include outdoor and indoor activities. For example: basketball, soccer, volleyball, bowling, swimming, floor hockey, walking, jogging, horseback riding, fishing, canoeing, hiking.

### **Personal Hygiene**

You are responsible for your own personal hygiene. Everyday and throughout the day you are to maintain good hygiene. Because of the number of youths in our program, we are using shower schedules. You are expected to respect the shower schedules. The staff may remind you of this responsibility if it is not done properly.

### **Nutrition**

Having good eating habits can be learned easily and is important for a healthy life style. You will be given three balanced meals per day. You will be given one serving per meal. You will also be given snacks in between meals, three snacks per day. The meals have been reviewed by a nutritionist in order to ensure that you will be provided with the nutrients you need.

### **House Rules Policy**

1. No using of drugs, sniffing, or use of alcohol.
2. Respect others, space and property.
3. Help one another with chores, school, and personal program goals.
4. Make staff aware of your whereabouts at all time.
5. No trashing, borrowing of money, clothing or belongings.

6. Respect schedules times for smoking, television & video.
7. Bedrooms are off limits for visiting. Other areas can be used to visit friends.
8. Help each other to clean space after an activity.
9. Outside clothing must be kept in the principal entrance closet.
10. Slippers must be worn when inside the Center.
11. Tea, coffee and hot chocolate will be prepared for meals only.
12. Eating and drinking at the dining table only.
13. Dishes and utensils should be left in the dining and kitchen area at all time.
14. No fighting, no arguing.
15. No running in the Center.
16. Always knock before entering.
17. No nagging, no harassment.
18. No talking behind others' back. No gossiping.
19. Wake up call is at 7:00 a.m. Everyone must be out of bed at 7:30 a.m.

### **Consequences for not respecting the rules**

1. Loss of allowances
2. Early bedtime
3. Loss of outing activities
4. Loss of privilege, ex. : Smoking, walkman, shopping.

### **Chores**

Chores schedule will be posted and all clients will be assigned the following chores:

- Setting the tables
- Clearing the tables
- Washing the tables
- Dishes
- Sweeping
- Mopping
- Vacuum
- Bathrooms
- Windows

### **Expectations from the youths**

1. Participate in welcoming
2. Respect bedtime and wake up time applied by the staff.
3. Attend and participate in workshops and group assemblies
4. Attend and participate in program activities and outings
5. Participate in school program
6. Participate in talking circle and cultural activities

7. Keep a personal journal
8. Respect telephone calls schedule
9. Respect your space and your surrounding as well as those of others
10. Be responsible for school supplies received upon arrival
11. Respect confidentiality
12. Be responsible for your personal intervention plan and reaching your goals
13. Ask for help and inform staff when in need of support

### **Additional Information**

- No gambling of any sort
- Staff offices are staff spaces, they need to be respected at all time
- All storage area are out of bounds
- Stealing, vandalism will not be tolerated and judiciary procedures or reimbursement will be applied
- Old behaviours, such as bragging about past substances use, aggressive verbal and physical behaviours, sexual activities are not accepted

### **Corner Store**

Once a week, on Wednesday evening, you will go to the corner store. You could use money allocated from the chores. You will be restricted to buying 3 small items totalling a maximum value of 3 \$. When buying cigarettes, you will be allowed a maximum value of 7 \$. Items purchased are snacks and are to be eaten that same evening. No food or drinks will be allowed in the bedrooms. Some items, could be stored by the staff in your personal items box.

### **Native Traditions and Spirituality**

The purpose of this component is to instil or revitalize pride in each person's heritage and thereby building good awareness and self-esteem and respect for one's own culture. The Center promotes and encourages native traditions and spirituality as a component of the holistic approach. However, we recognize differences for each and respect individuality and personal beliefs.

#### **Native Traditional & Spiritual Activities**

- Smudging
- Talking Circles
- Sweat Lodge Ceremony
- Sweat Grass Ceremony
- Sunrise/Morning Ceremony
- Pow Wow
- Mending to grand fathers for sweat
- Beadwork
- Making baskets

- Cedar boughs picking
- Berries picking
- Fishing
- Native Arts and Crafts

### **Family Visits and Procedures**

A first family visit to the Center is possible only after the first month into the program. The clinical team of the Walgwan Center will assess the visit requests. The visit request must be done in writing and with two weeks notice.

### **Main Entrance**

The main entry/exit door for clients is the door by the large closet situated between the multi-purpose and laundry room.

### **Television**

The scheduled time for the TV is to be followed. When watching TV the group must agree on what to view. If an agreement on what to watch cannot be made, the decision will be left to the educators on duty.

### **Music – Radio Stereo**

As part of the Walgwan Center objectives, clients are encouraged to have more contact with their native culture. Therefore, the center is encouraging clients to listen native cultural music more often, so as to have a better appreciation and understanding of native music. Staff will be encouraging the clients to listen to native or relaxation music in the morning instead of rock/dance music. Other times when the music is played the type of music rock/dance must be agreed upon by the group, since the whole group will be listening to the same stereo.

### **Computer Use**

Use of the computer will be during scheduled times only, unless an educator specifies another time as part of an activity in either the multi-purpose room or living room. The computer is to be shared by all clients; therefore time limits will be set as to how long a client will be allowed to use the computer (i.e.15 min/participant)

### **Areas of Access:**

#### **Bedrooms**

Bedrooms are private spaces of the clients. To enter the room of a client, one has to knock and ask permission to enter. Clients of the opposite sex are not allowed in each other's room. The clients occupying the bedrooms are required to keep their rooms clean at all times. Clients sharing rooms are expected to respect one another's, privacy, space and belongings.

Rests and time alone in the bedrooms is not permitted until the scheduled time, except in cases where a client is sick or an educator feels a rest is needed - then the client will be allowed to stay in his or her room.

#### **Dining Room:**

During meals there will be no music or television. Clients who finish their meal before others will be asked to either stay at the table or wait in the living room until everyone has finished their meal. There will be no radio or TV until everyone has finished their meal.

#### **Living Room**

It is prohibited to lie or have feet up on the sofas, this being to respect the property of the Center and to allow all clients to have a place to sit.

#### **Kitchen**

Clients are not allowed at any time in the kitchen unsupervised. Access will only be for carrying out assigned chores that involve the kitchen area.

#### **Educators Office**

The educators' office is private. Clients wishing to enter must knock and request to enter and then may only enter if permission is granted by the educators.

#### **Laundry Room**

The laundry room will be accessible only as per scheduled hours to do the laundry. The laundry will be done under the supervision of the cook.

#### **Spirituality Room**

The spirituality room will be used only for Weliegsipog, group discussion, and spiritual sessions.

#### **Multi-Purpose Room:**

This room will be used as a classroom only during school time. It will also be used for scheduled activities (i.e. pool, exercising, games, etc.) and other special activities.

**Important: Clients do not have access to the administrative area of the center.**

#### **Ground Limits**

Leaving the grounds of the center by oneself without the group and educators is not allowed. When outside around the center clients must stay on the Walgwan property and be in view of an educator at all times. In order to go for a walk, use the track and field, etc. Members of the center must go as a group accompanied by educators at all times.

Centre de réadaptation jeunesse des  
Premières Nations  
Centre Walgwan



First Nations  
Youth Rehabilitation Center  
Walgwan Center

## **RULES OF LIFE & REGULATIONS OF THE CENTER WALGWAN**

It is to confirm that \_\_\_\_\_ has been informed of the life  
(Name of youth)

rules and regulations of the Walgwan Centre.

\_\_\_\_\_ is aware of the following points;  
(Name of youth)

Behaviours expectations  
Cardinal rules  
Code of conduct  
Smoking policy  
Responsibilities of the client  
Telephone Calls  
Physical Fitness  
Personal hygiene/nutrition  
Regulation of the house  
Expectations from the youths  
Additional Information

The youth does understand the regulations mentioned here above and accepts to respect them while in the program

Signature of the youth: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of the legal guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of the referral: \_\_\_\_\_ Date: \_\_\_\_\_