

GRIMMON HOUSE REFERRAL PACKAGE

Updated 2010

The Process

The CFSA caseworker or PSECA caseworker is required to complete the application form with the youth and their guardian, when available to do so. The referral package, along with any other pertinent information regarding the youth (*ie: PSH Assessment, Copy of PSECA Agreement, Info Con/ Case Summary, Probation Orders, Court Summary, Health Assessments, Educational Assessments, Service Plans*) is to be completed and faxed to Grimmon House 1-403-335-4015.

The Coordinator will receive the referral package and review it internally to determine if the services provided at Grimmon House are appropriate for the youth in need. The Coordinator will then contact the caseworker or PSECA caseworker within two (2) working days after receiving the referral package to discuss the youth in need. A final decision for placement will be made within 5 working days.

Items Client needs at intake into the program:

1. Picture ID
2. Birth Certificate
3. Alberta Health Care Card or Number
4. SIN card or number
5. Treatment Services Card or Number

Before referring youth to Grimmon House please answer the following question:

If no, please note youth will be required to detox for a period of five (5) to ten (10) days

Is the youth detoxified from all drug and alcohol use? yes/no

If yes:

Length of days in Detox	
Program attended	

Referral Information

Date of Referral	
Contact Name	
Contact Number	

**Youth In Need of
Grimmon House Holistic Residential Recovery Center**

Name of Youth Requesting Treatment	
Birth date	
Current Address/Lives with	
Contact Number	
Does youth have CFS status?	
Treatment Number	
Treaty Number	
Ethnic Background	
Religious affiliation	
AHC Number: Does youth have health care coverage?	
Reason for youth's referral to Grimmon House	
Areas youth wants to create personal growth and change in	
What approaches have you found to be most effective in engaging and connecting with this youth?	

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Youth's Supports and their contact information.

Note: These supports will be added to youth's contacts list at Grimmon House.

Legal Guardian

Name	
Relationship to youth:	
Contact Number	
Address	

P-SECA

Name	
Contact Number	
Fax Number	
Address	

Caseworker

Name	
Contact Number	
Fax Number	
Address	

Other Identified Supports

Name	
Relationship to youth:	
Contact Number	
Address	

Name	
Relationship to youth:	
Contact Number	
Address	

Name	
Relationship to youth:	
Contact Number	
Address	

Name	
Relationship to youth:	
Contact Number	
Address	

Family Background Information.

Does the family want to phone, visit or provide support during this time?

YES NO

If YES, who would be involved and what type of support do they want to provide or receive?

Medical/Behavioral History

	Never	Past Issue	Presenting Issue	Family History	Date of last Occurrence	Details and Specific Information
Allergies						
Asthma						
Alcohol/Drug Use						
AWOL Risk						
Depression						
Developmental Delays						
Diagnosis						
Eating Disorder						
FAS/FAE						
Fire Starter						

	Never	Past Issue	Presenting Issue	Family History	Date of last Occurrence	Details and Specific Information
Mental Health Issues						
Physical Aggression						
Pregnancy						
Prenatal Exposure to drugs, alcohol or tobacco						
Sexual Exploitation						
Sexual Acting Out						
Medications						
Suicide / Ideation						
S.T.I.'s						
Theft						

	Never	Past Issue	Presenting Issue	Family History	Date of last Occurrence	Details and Specific Information
Verbal Aggression						
Sleeping Disorders						
Trauma						

Legal Information

Circle any that are applicable to you at this time

- Probation CYOC or EYOC
- Alternative Measures
- Pre Trial Release Conditions
- Fine Option Peace Bond

Prior involvement (Previous charges, findings of guilty, probation orders)

Educational Information

Last school attended	
Contact Name and number	
Last Grade Completed	
Educational Assessment	
Additional Education information	

PREVIOUS PLACEMENTS/ SERVICES accessed within the past year:

- Foster Care
- Group Home
- Residential Programs
- Treatment Programs
- Shelters
- Outreach Programs

Where? When? How long?

What do you see Grimmon House being able to offer you at this time in your life?

Would you like to request a meeting with the Coordinator if accepted into the program, to explain more about what we can offer you?

Yes or No