

ADMISSION APPLICATION FORM

Applicant's Information

Date:

Student's Full Name: _____

Age: _____

Date of Birth: _____

Interested in which program:

REACH (Youth at Risk) Project DARE (Youth in Custody) Not Sure

Lead Contact Information

Lead Contact's Name: _____

Agency Name (if applicable): _____

Address: _____

City: _____ Prov/State: _____ Postal Code: _____

Phone #: (____)-____-____ Extension: _____

Alternate Phone #: (____)-____-____ Extension: _____

Fax: (____)-____-____ Email: _____

Applicant Background

What is the primary reason for the referring of this student to our program?

What events took place that caused the student to seek help at this time?
Include details, surrounding event(s)?

Where is the student now and what is his present situation?

Behavioural History

What are the student's strengths?

What does the student need to improve?

Relationship with Peers:

Relationship with Adults:

Relationship with Authority figures:

Has the youth ever been assaultive to Peers/Adults/Authority figures?

If "yes" please explain:

Does the student have a history of running from home or has been an "AWOL" risk? *If "yes" please explain?*

Has the student had prior suicidal ideation and/or attempts or has displayed any self harming behaviours? *If "yes" please explain:*

Does the student have a history of arson/setting fires?
If "yes" please explain:

Please describe the extent of the student's use of drugs/alcohol/tobacco
(amount of use, impact on student's behaviour)

Does the student have any history of socially unacceptable sexual behaviour?
If "yes" please explain:

Has the student experienced any traumatic events or major change in his life that are believed to be relevant to his current behaviour? *If "yes" please explain:*

Has the student incurred any Serious Occurances in the last 12 months? *If "yes" what was the nature of the SO/SO's?:*

Family History

Who is the student's present caregiver? _____

Caregiver's Phone #: (____)- ____ - ____ ext. _____

If the student is not living with their biological parents please state why and the length of time out of the home?

If the student is in care of the CAS, does the student have access with biological parents and/or other relatives? If so who and what is the relationship to student? (e.g. John Smith – Father)

Wardship Status (please select one of the following):

- Crown ward Society ward Temporary Care N/A

Is there a history of trauma in the family? (neglect, abandonment, deaths, major illnesses, imprisonments, suicides, abuse, etc)

Medical History

Does the student have any psychological disorders? If "yes" explain:

Is the student taking prescribed medications? If "yes" what medications?

Does the student have any allergies? If "yes" please describe the allergic reaction:

Does the student have any physical health limitations or needs that might be of concern in a wilderness/remote environment? If "yes" please explain:

Note: Prior to admission, a complete medical assessment utilizing the Wendigo Lake Expeditions medical form will be completed.

Legal Information

Is there any court date appearances pending? If so please explain:

Is the student on probation? If so what were the previous charges?

Name of Probation Officer: _____

Phone # of Probation Officer: (____)- ____ - ____ ext. _____

Educational History

Name of the school where the student is attending:

Phone # for School: (____)- ____ - ____ ext. _____

Contact Name: _____

Please describe the student's attendance over the past year?

Has the child been suspended / expelled from school? If so what were the reasons?

If the student is not in school, when and where did he last attend?

Has the student been assessed for any learning difficulties? Please explain:

Motivation

What is the student's motivation level to attend this program?

Weak Moderate High

Why does / doesn't the student want to attend the program?

Additional Information

Please provide any additional comments which you feel may be relevant to making an assessment of whether this program is appropriate for this student's needs:

Where did you hear about Wendigo Lake Expeditions?

- | | | | |
|----------------------------------------------------|-------------------------------------------------|----------------------------------------|---------------------------------------|
| <input type="checkbox"/> Another Treatment Program | <input type="checkbox"/> Probation Officer | <input type="checkbox"/> Teacher | <input type="checkbox"/> CAS |
| <input type="checkbox"/> Struggling Teens.com | <input type="checkbox"/> Internet Search Engine | <input type="checkbox"/> From a friend | <input type="checkbox"/> Past Student |
| <input type="checkbox"/> Other | | | |

Supporting Documentation

Check the appropriate box identifying the supporting documentation follows this application:

- RNA PSR CIE Other: _____

Submitting the application

To submit this application form, please fax to (705)386-2345, attention Admissions Coordinator.

Note: If there are any psychological and or psychiatric assessments available please include them when submitting this application.

If you have any questions about the program or would like to check the status of your application, please call 1-866-730-5328 or (705)386-2376 ext 218 to speak with our Admissions Coordinator.