



NohKohWaa Family & Youth Centre

Package for INDEPENDENT LIVING PROGRAM

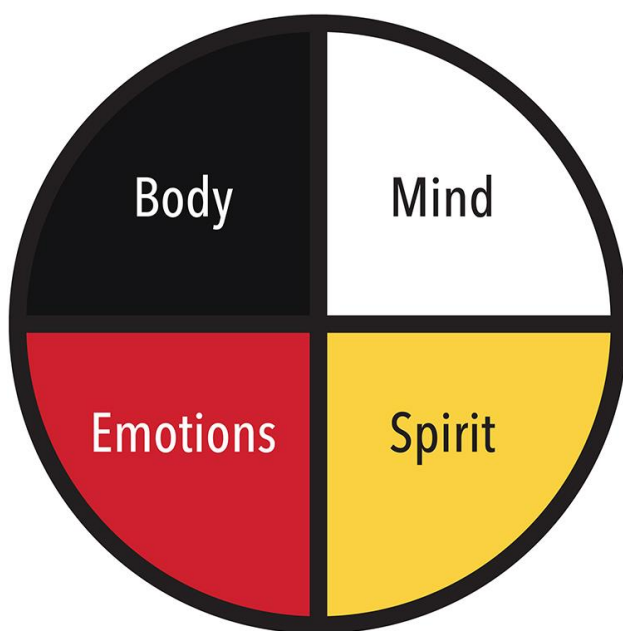
In the Independent Living Program NohKohWaa provides inclusive individualized supportive care for **Adult Clients** with specific needs in a culturally based environment.

NohKohWaa has several Facilitators onsite who are specially trained in **RedPath** which is an accredited program and is Indigenously led too and developed using a trauma informed approach.

Nohkohwaa Staff are **SIVA** trained, giving them a more compassionate and proactive guide to behavior management.

NohKohWaa **connects Clients** to Indigenous languages, ceremonies, Elder teachings, healing opportunities, counselling, Indigenous equine therapy, life skills, land-based education and goal setting.

NohKohWaa's Centre is also an **Indigenously led and developed charity**, that is community based, community focused, community supported, and community directed for all People and all Families.



Independent Living Program Criteria

- ✓ 16 – 22 years of age
- ✓ Aging out of being in Care
- ✓ Free from alcohol & drugs
- ✓ Must be in and/or open to School or Employment
- ✓ Must be open to healthy lifestyle and wellness activities
- ✓ Must attend all NohKohWaa Programming: RedPath, Equine Therapy, Life Skills, Counselling, Ceremonies, Events, Appointments, etc.

Program:

- RedPath
- Supportive Housing
- Nutritional Meals
- Life Skills
- Job Readiness
- Indigenous Language Classes
- Indigenous guided Equine Therapy
- Land-based Teachings
- Indigenous Elder Support
- Cultural Activities (examples depending on interest: drum making, individual moccasin making, designing their own ribbon shirt/dress/outfit)

The Process:

Step 1: Get a **Referral**

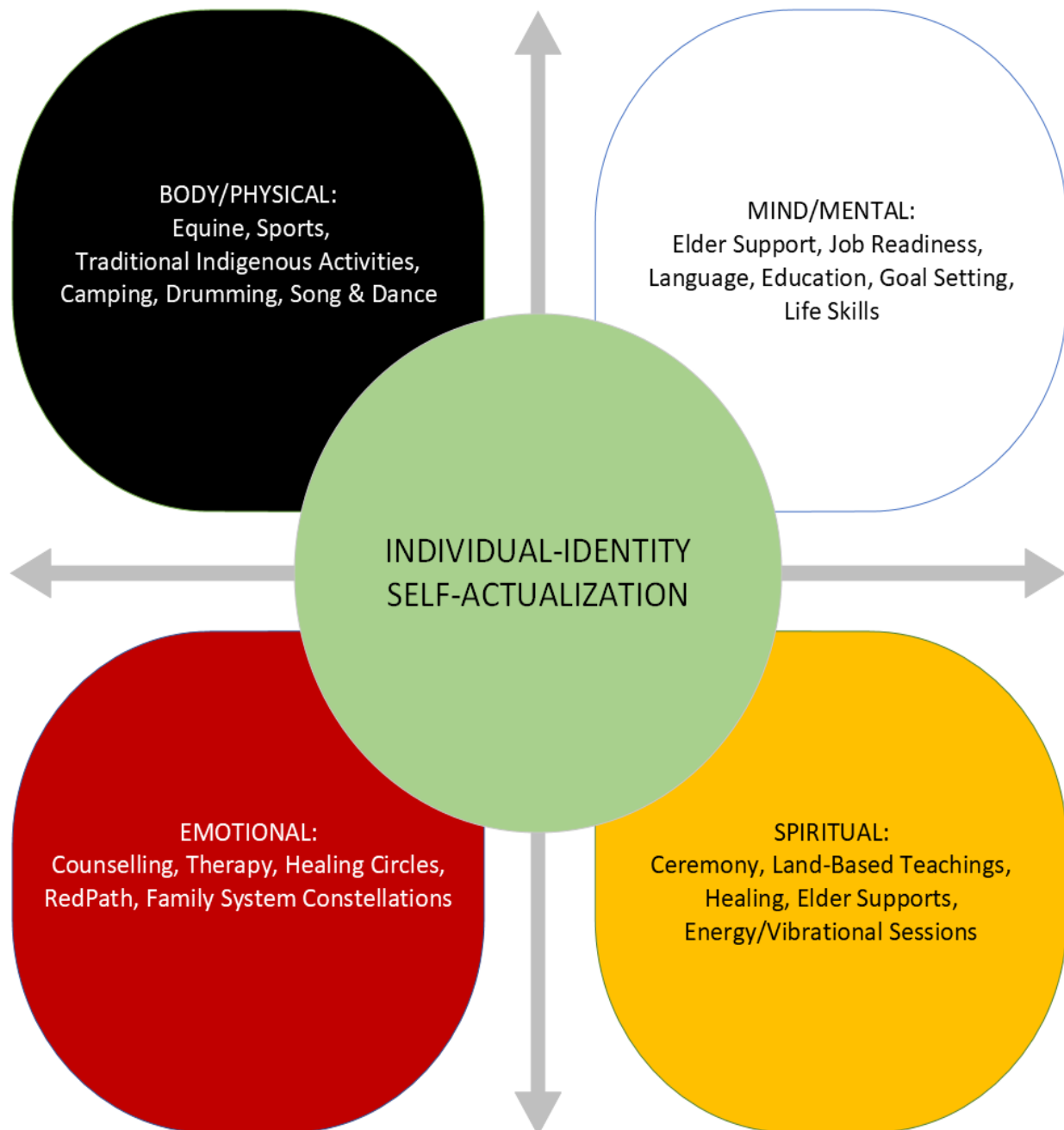
Step 2: You must meet the **Criteria**

Step 3: Complete SELF-ASSESSMENT aka **Intake Form**

Step 4: An **Interview** will be set up

Step 5: Welcoming **Ceremony**

MEDICINE WHEEL EXAMPLE USING REDPATH PROGRAMMING



DESCRIPTION OF REFERENCES

RedPath is a psycho-spiritual-educational program aimed at addressing trauma through culture, art, and traditional teachings. The approach taken is appropriate to the age and stage of the participant. With the increasing rate of suicide, bullying and criminal behaviors (especially in gangs), it was decided to develop a program geared for Children and Youth.

SIVA (Supporting Individuals through Valued Attachments) is a more compassionate, proactive approach to behavior management using SIVA and the WISE Plan to help clients map out a plan and succeed in the program. When severe/violent outbursts are displayed, this puts both the client, the worker and/or others at risk. SIVA provides caregivers, families and clients tools and practical knowledge to create an environment where safety is a pro-social, healthy, and respectful part of day-to-day living.

Land-based Education typically uses an Indigenized and environmentally focus by first recognizing the deep, physical, mental, and spiritual connection to the land that is a part of Indigenous cultures

Family Constellations, also known as Systemic Constellations and Systemic Family Constellations, is a therapeutic method which draws on elements of family systems therapy, existential phenomenology and is Zulu (African) based beliefs and attitudes to family.



SCHEDULE A - Service Intake Agreement Form

NohKohWaa Family & Youth Centre Programs

Independent Living – 16 - 21 years old

Per Diem Rate - \$235-\$1000 per day (*will be based on needs): **2-3 Youth/Unit

BASIC BUDGET per CLIENT

All units have 3 Bedroom, 2 Bathrooms

RENT	\$850/month
FOOD	\$500/month
WIFI	\$100/month
ELECTRICITY	\$200/month
NESESSITIES	\$400/month
PROGRAMMING	\$1000/month (equine therapy, physical activities, counselling, etc.)
STAFF/SECURITY SUPPORT 24/7	\$4000/month
BASIC RATE STARTS AT	\$235 /DAY

Intake Date (DD/MM/YY) _____

Full Legal Name _____

Date of Birth (DD/MM/YY) _____

Health Care Number _____

Band _____ Treaty Number _____

PER DIEM INFORMATION: Case Worker

Phone Number: _____ Fax Number: _____

Email Address: _____

Mailing Address of Trustee: _____

Medication Billing Information:

*Same as Per Diem Billing: Y/N (if no, please fill out below)

Phone Number _____ Fax Number _____

Extra Billing Expenses - Billing Information:

*Same as Per Diem Billing: Yes / No (if no, please fill out below)

(Extra Means: Clothing, Recreation, Travel and Personal Incidentals)

Full Mailing Address: _____

Phone Number _____ Fax Number _____

This Agreement Commences on the _____ day of (month) _____ in the year 20____

SIGNATURES:

Referring Agency / Caseworker _____

NohKohWaa Team Lead _____

NohKohWaa Director _____

NohKohWaa Intake & Referral

Client Information:

Name/Alias (if known):					
DOB:		Age:		Gender:	
Treaty #:		Band #:			
Health Card #:		Clients' ID#:			
Clients' Welfare Status:					

Reason for Admission:	
Admission Date/Time:	
Discharge Date:	

Medical Concerns: If yes, please provide details	Any follow up appointments: If yes, please provide details (Date, Time, Location)	Allergies: If yes, please provide details
Referring Agency:		
Referring Worker:		
Address:		

Contact Numbers Fax#:	Work:	Cell:	
Email Address:			
Hair Color:	Eye Color:	Height:	
Weight:	Scars/Tattoos:	Birthmarks:	
Family Doctor:	Contact #:		
Date of Last Medical:			
Immunization up to date?	Notes:		
Medications: (Specify prescription, Administer Time, etc.)			
Last Dental Appt:		Follow up:	
Last Medical:		Follow up:	
Last Optical Appt:		Follow up:	
Last Counsellor:		Location:	
Is Client currently enrolled in school?		Yes No	
School Name:		Location:	
Grade Level:		Usual mode of Transport:	

CLIENT PLACEMENT HISTORY

Where does Client currently live?	
Who has been the primary caregiver?	
How many caregivers did the client have during the first 5 years of his/her life?	
How many caregivers has the client lived with in total?	

FAMILY INFORMATION

Mother:	Address:		
Father:	Address:		
Name(s) of Siblings:			
Does Client have regular contact with parents/siblings/family and or friends? Yes? No?	If yes, details and their contact info:		
Any other relevant info:			
Cultural / Spiritual?	Yes	No	
Is Client aware of his/her cultural heritage?	Yes	No	
Does the Client participate in cultural activities?	Yes	No	
Does the Clients' family practice their cultural beliefs?	Yes	No	

RISK BEHAVIORS

Has the Client had a history of any of the following?

Concerns:	Yes	No	Suspected?	How long has behavior been present?	How often does the behavior occur?
Behavior Issues?					
Destruction of Property?					
Fire Setting?					
Interpersonal Problems?					
Physical Aggression to Peers?					

CONCERN?	YES	NO	Suspected?	How long has behavior been present?	How often does the behavior occur?
Physical Aggression to Adults?					
Running Away?					
Suicidal Behaviors?					
Self-Harm Behaviors?					
Sleep Disturbances?					
Substance Abuse?					
Victim of Physical Abuse?					
Victim of Sexual Abuse?					
Victim of Neglect?					
Exposure to Fetal Alcohol Use?					
Loss/Separation?					
Witness of Domestic Abuse?					
Developmental Delays?					
Grief Issues?					
Eating Problems?					
Sexually Inappropriate Behavior?					

Other? (explain)					
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What traumatic experiences has the Client been exposed to? Are his/her parents and/or grandparents residential school survivors? Did they attend Day School? Where were the clients' parents in the welfare system as a child?

Please explain:

Any other relevant information NohKohWaa should be aware of:

Please explain:

Is delegation of Authority Provided? Yes No

Schedule date for Intake: _____

Referral Signature: _____ **Date:** _____

NohKohWaa Staff Signature: _____ **Date:** _____