



## NohKohWaa Family & Youth Centre

### **Package for Persons with Developmental Disabilities Program (PDD)**

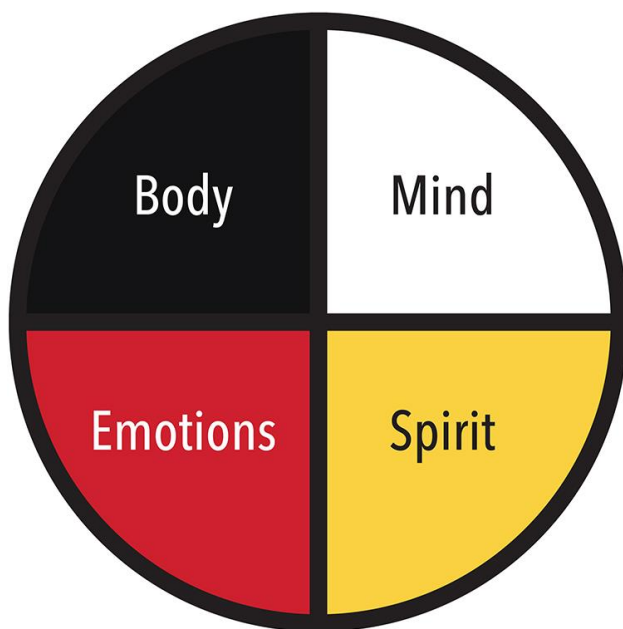
In the PDD Program NohKohWaa provides inclusive individualized supportive care for **Adult Clients** with specific needs in a culturally based environment.

NohKohWaa has several Facilitators onsite who are specially trained in **RedPath** which is an accredited program and is Indigenously led 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 **Indigenously led and developed charity**, that is community based, community focused, community supported, and community directed for all People and all Families.



## **PDD Program Criteria**

- ✓ 18 years old and up with a specific diagnosis
- ✓ Not actively using alcohol and/or illegal drugs
- ✓ Must qualify for AISH Funding – need assessment
- ✓ PDD Family managed

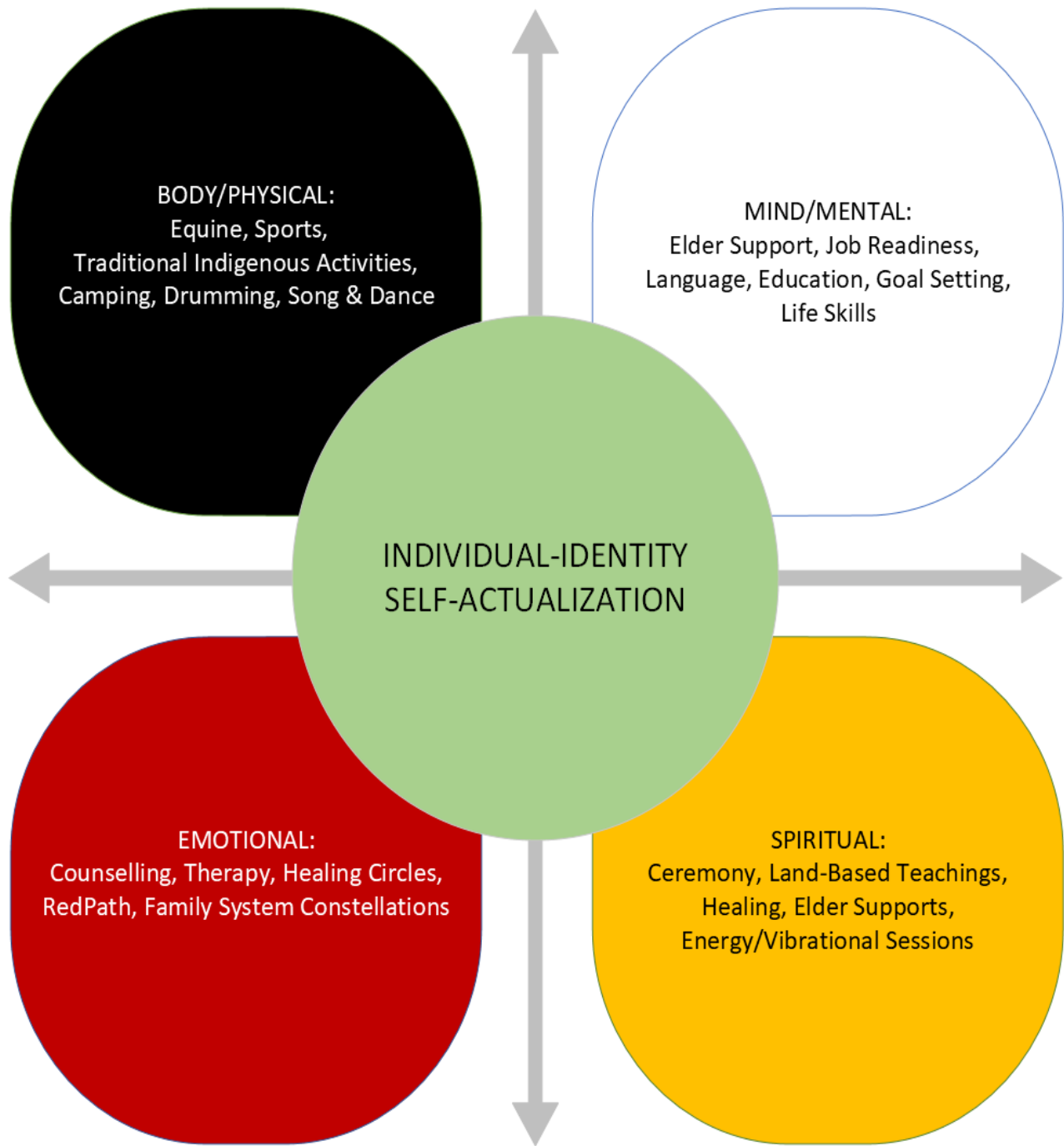
## **Program:**

- 1:1 Programming
- RedPath
- Supportive Housing
- Nutritional Meals
- Social Inclusion
- Life Skills, Job Readiness and/or Goal Setting
- 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 APPROACH 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

**Adult Living PDD:** 18 years old & UP (Pervasive Developmental Disorder)

**Per Diem Rate** (\*will be based on needs): **\$235 - \$1000 per day**    **\*\*2-3 Adults/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)
STAFF/SECURITY SUPPORT 24/7	\$4000/month
<b>BASIC RATE STARTS AT</b>	<b>\$235/DAY</b>

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:		

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

### **CLIENT PLACEMENT HISTORY**

<b>Where does Client currently live?</b>	
<b>Who has been the primary caregiver?</b>	

### **FAMILY INFORMATION**

<b>Mother:</b>	<b>Address:</b>
<b>Father:</b>	<b>Address:</b>

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

## **RISK BEHAVIORS**

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

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



<b>CONCERN?</b>	<b>Yes</b>	<b>No</b>	<b>Suspected?</b>	<b>How long has behavior been present?</b>	<b>How often does the behavior occur?</b>
<b>Physical Aggression to Adults?</b>					
<b>Running Away?</b>					
<b>Suicidal Behaviors?</b>					
<b>Self-Harm Behaviors?</b>					
<b>Sleep Disturbance?</b>					
<b>Substance Abuse?</b>					
<b>Victim of Physical Abuse?</b>					
<b>Victim of Sexual Abuse?</b>					
<b>Victim of Neglect?</b>					
<b>Exposure to Fetal Alcohol Use?</b>					
<b>Loss/Separation?</b>					
<b>Witness of Domestic Abuse?</b>					
<b>Developmental Delays?</b>					
<b>Grief Issues?</b>					
<b>Eating Problems?</b>					
<b>Sexually Inappropriate Behavior?</b>					
<b>Other? (explain)</b>					

**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: \_\_\_\_\_**