

Program Application Young Adult Treatment (YAT)

ASIST/eClinician #			
Client Information			
Last name	First name	Birth date (yyyy-Mon-dd)	Age
Address		Mailing Address	
City	Postal Code	Phone Number	Alternative Phone Number
Alberta Health Care #	Gender <input type="checkbox"/> _____	Marital Status	
Are you pregnant? <input type="checkbox"/> No <input type="checkbox"/> Yes ▶ Due date (yyyy-Mon-dd) _____			Do you have children? <input type="checkbox"/> No <input type="checkbox"/> Yes
Have you received prenatal care? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Do you have any special needs? (Reading/writing English, wheelchair accessibility, hearing difficulties, etc.) 			
Cultural Identity: The following question is asked in order to improve its services to individuals from a variety of cultural/ ethnic backgrounds. If you identify yourself with a particular ethnic or cultural group(s), please tell us which one(s). <input type="checkbox"/> Specify _____ <input type="checkbox"/> I do not identify with any ethnic or cultural group.			
Indigenous <input type="checkbox"/> Treaty status <input type="checkbox"/> On-reserve <input type="checkbox"/> Off-reserve <input type="checkbox"/> Metis <input type="checkbox"/> Non-Status <input type="checkbox"/> N/A			
Treaty No. (10 digits) _____			
Band Name _____			
Emergency contact/Next of Kin (Last name, First name)			
Relationship to you		Phone Number	Alternate Phone Number
Where will you live after treatment?			
Referring Worker (Last name, First name)			
Referring Office (Name)			
Phone Number	Fax Number	Other	

Residential Program Application Young Adult Treatment (YAT)

Education/Employment History

Last grade/college level completed

- None
 Gr. 1-6
 Gr. 7
 Gr. 8
 Gr. 9
 Gr. 10
 Gr. 11
 Gr. 12/13
 Trade School/Labour Ticket
 College/Tech. Diploma
 University degree

Are you considering further education? _____

What is your current employment status?

- Unemployed
 Employed Part-time
 Employed Full-time
 Student
 Self-Employed
 Disability
 Other _____

If employed, what is your occupation? _____

Legal Involvement/History or Trauma or Violence

Are you attending this treatment under any of the following conditions

- Probation
 Temporary Absence
 Court order
 Drug Court
 Statutory Release
 Out on bail
 Own recognizance
 Child and Family Services conditions
 Employer

If attending treatment due to legal involvement, what is the offense? _____

List of conditions _____

Do you have any upcoming court dates, community service hours, or are you on a parole or probation, etc?
(please provide specifics) _____

Probation Officer or Child and Family Services worker *(Last name, First name)*

Phone Number

Fax Number

- Do you identify with a history of trauma?
 No
 Yes
 Domestic violence
 No
 Yes
 Sexual violence
 No
 Yes

Have you ever become aggressive or have history of violence in/with

- Intimate relationships
 Friends/acquaintances
 Work relationships
 Strangers
 Relatives
 Other drivers on the road

Do you have a history of illegal fire starting?
 No
 Yes

