



# NWT Youth Cultural Wellness Camp

## Four Roads Consulting Application Guidelines



### Dates:

- November 9th-22nd, 2023
- November 30th-December 13th, 2023

### Criteria for Attending the Camp:

All youth eligible to attend the Camp must be 12-18 years of age and experience two (2) or more of the following:

- Feeling disconnected from family, friends, school, support programs, etc.
- Currently experiencing challenges with substance use that negatively impacts wellbeing
- Limited or sporadic school attendance
- Engaging in behaviors that put self or others at risk of harm
- Current involvement, or, at-risk of involvement, with the legal system
- Feelings of decreased mental wellness
- Interest in seeking help with improving overall health and well-being
- Interest in connecting with other youth in a healing space

### Guidelines and Information:

- The referral source should complete the application, in collaboration with the youth and their family (if possible).
- Verification from a service provider confirming that youth use all prescribed medication as directed must be provided at the time of application. See attached medication verification form.
- When all information is received and the youth is determined eligible for admission, you and/or the youth/their family will be contacted by program staff.
- Information shared by youth that is relevant for programming and/or youth safety/wellbeing will be shared between Four Roads Consulting and NTHSSA as required and in accordance with NWT privacy and confidentiality legislations.

**Note:** Information gathered on the application form will not disqualify a youth from participating in the program and is only gathered as a baseline of a youth's current experiences.

**Completed applications can be emailed to [YouthWellnessNWT@gov.nt.ca](mailto:YouthWellnessNWT@gov.nt.ca).**

**Applications for each Camp will be accepted until 2 weeks prior to the start date.**



# NWT Youth Cultural Wellness Camp



## YOUTH INTAKE FORM Four Roads Consulting

Please select which Camp you want to apply to, in order of preference:

- November 9th-22nd, 2023
- November 30th-December 13th, 2023

### Youth Information

Given Name(s): \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Pronouns: \_\_\_\_\_

Gender:  Male  Female  Non-Binary  \_\_\_\_\_

Languages spoken: \_\_\_\_\_

Address (physical): \_\_\_\_\_

Address (mailing): \_\_\_\_\_

Ethnicity: \_\_\_\_\_

Cultural Identity: \_\_\_\_\_

Cell Phone: \_\_\_\_\_  Consent to leave voicemail  Consent to text

Email: \_\_\_\_\_

Best way to contact:

Phone  Text  Email  Other \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

NWT Health Care Card Number: \_\_\_\_\_

Status Number: \_\_\_\_\_

### Current Place of Residence:

Parent/Caregiver/Legal Guardian  Relative  Friend  Placement through CFS

Homeless/Shelter  Other (please specify) \_\_\_\_\_



# NWT Youth Cultural Wellness Camp



## Reason For Referral (Current concerns and stressors, referral source, etc.)

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## History Of Presenting Situation

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## Personal Goals for Attending the Wellness Camp

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# NWT Youth Cultural Wellness Camp



## PERSONAL RESILIENCE & STRENGTHS

**Youth Strengths:** (Please provide a summary of coping strategies, enjoyed activities, personal qualities, supports accessed, etc.)

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	Who is the safe person(s)/what is the activity/practice?	How have you felt supported by this person/activity/practice in the past?	Do you want this person/activity/practice to be included in your individualized wellness plan?
<p><b><u>SAFE PEOPLE:</u></b> (Consider who is a safe person(s) that you feel supported by?)</p>			
<p><b><u>COPING &amp; CALMING ACTIVITIES:</u></b> (What activities help you to relax and/or cope with stress?)</p>			
<p><b><u>SPIRITUAL CONNECTIONS &amp; PRACTICE</u></b> (What, if any, spiritual practices do you enjoy participating in?)</p>			

Please fill out the **Domains of Health and Wellness** table located in Appendix A.



# NWT Youth Cultural Wellness Camp



## MEDICAL HISTORY

Do you have Allergies:  Yes: \_\_\_\_\_  No Known Allergies

Do you take Medication?  Yes  No

\*If yes, please complete the form at the end of this application.

Do you have a mental health diagnosis (or suspected diagnosis) or a disability ? (ie. Anxiety, depression, ADHD, reactive attachment disorder, PTSD, FASD, acquired brain injury (ABI), seizures, autism, learning disabilities, physical disability, , etc.).  Yes  No

If so, please specify:

Do you require any accommodations related to this diagnosis or disability? If so, please provide details:

Have you ever thought about or tried to self-harm?  Yes  No

If yes, when was the last time? \_\_\_\_\_

Have you ever attempted suicide?  Yes  No

If so, when was the last time? \_\_\_\_\_

Have you ever been hospitalized for mental health reasons?  Yes  No

If yes, please provide date(s) and reason for most recent admission: \_\_\_\_\_

Other relevant history (please provide any additional information that would be helpful for Camp facilitators to know): \_\_\_\_\_



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## Wellness Services:

Please state if you have tried the supports listed below and the most recent time you attended:

Counselling  Currently  Previously \_\_\_\_\_

Psychiatry  Currently  Previously \_\_\_\_\_

Land-based wellness activity (please specify)  Currently  Previously \_\_\_\_\_

Other services (please include both cultural/traditional and westernized supports/services):

\_\_\_\_\_

## LEGAL HISTORY

Do you have past or current involvement with the legal system?  Yes  No  N/A

If yes, please provide details: \_\_\_\_\_

Do you have any outstanding charges?  Yes  No

Do you have a no-contact order with another individual?  Yes  No

Do you have any upcoming court dates that might interfere with the Camp dates?  Yes  No

## Collateral Information

Who currently lives with the youth?

<u>NAME</u>	<u>AGE</u>	<u>RELATIONSHIP TO YOUTH</u>

(If additional space is needed, please list on the back of the page)

Family History of Mental Illness  Yes  No \_\_\_\_\_

Family History of Substance Use  Yes  No \_\_\_\_\_

Family History of Suicide  Yes  No \_\_\_\_\_



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## TO BE COMPLETED BY REFERRAL SOURCE

**Name of Referring Individual:**

**Position:**

**Relationship to youth:**

**Years known to youth:**

**Contact information:**

**ASSESSMENT SUMMARY AND RECOMMENDATIONS** (clinical impression to indicate rationale for referral and recommendation for wellness program and any specific needs/supports that may be needed during program)

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# NWT Youth Cultural Wellness Camp



## Parent/Caregiver/Guardian Consent Form for Children/Youth 12-16 Years

I, \_\_\_\_\_ of \_\_\_\_\_ am the parent/guardian of  
 name of parent/caregiver/guardian name of Community  
 \_\_\_\_\_, born on \_\_\_\_\_.  
 name of youth date of birth

I consent to \_\_\_\_\_ attending the NWT Youth Cultural Wellness Camp in  
 name of child/ youth  
 \_\_\_\_\_ on \_\_\_\_\_  
 location dates

\_\_\_\_\_  
 Signature of parent/caregiver/guardian

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Witness

\_\_\_\_\_  
 Date





# NWT Youth Cultural Wellness Camp



## **Confidentiality Notice for Parents/Caregivers/Guardians**

Your child/youth has the right to private, confidential communication with the treatment team providing their care. This means that some of the issues that they discuss will stay between them, and that we will not disclose that information to anyone, including you, unless we have been given permission by your child/youth to do so based on an assessment of the child/youth's capacity to consent and make an informed decision. We need your child/youth to be open and honest with us in order to understand and treat the full range of issues your child/youth is dealing with, and they may be too scared, angry, or ashamed right now to share those issues with you. We also recognize it is very important for you to know what your child/youth is going through in order to do your job as a parent, which is why we will always encourage your child/youth to be honest with you. We will encourage, prepare and support your child/youth so that they feel safe enough to share those issues with you.

### **Your child/youth will need to give their consent for us to disclose:**

- Information related to their therapeutic plan while at the Camp and throughout after-care services.
- Information concerning pregnancy, sexual activity, STDs, and drug/alcohol use or abuse, regardless of age.
- Any information that your child/youth's provider believes, if released, could cause harm to your child or to someone else, or that would significantly harm the treatment relationship with your child/youth.

### **Limits of Confidentiality:**

Confidentiality has limits. If there is any threat to your child/youth's life, we have the duty to inform you and help to create a plan for safety. In addition, there are situations where we are mandated to report and cannot keep confidential, such as if a youth makes threats against themselves and/or others.

Finally, we recognize how challenging it can be for a parent to raise a child, especially when the child/youth is experiencing complex challenges. We want to be your partner in supporting your child/youth's physical and mental wellbeing, and even when we can't discuss certain details about your child/youth with you, we will be there for you and giving your child/youth the best advice possible to protect him/her and encourage healthy decisions, including being open and honest with you.



## Medication Verification Form

I \_\_\_\_\_ can confirm that \_\_\_\_\_ is  
service provider name of youth  
prescribed the medication listed below and is taking this medication as directed by the prescribing  
physician.

Name of Medication	Condition for treatment	Dosage	Frequency

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Signature of Service Provider & Position

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Date



# NWT Youth Cultural Wellness Camp



## Appendix A: Domains of Health and Wellness

(Please check applicable scale & provide details)

Domain	Scale		
	1	2	3
<b><u>HOME ENVIRONMENT</u></b>	<ul style="list-style-type: none"> <li>Minimal conflict in the home</li> <li>Youth feels their wellbeing is supported by household members</li> </ul>	<ul style="list-style-type: none"> <li>Some conflict in the home but this is usually resolved through positive solutions and minimally impacts the youth's wellbeing</li> </ul>	<ul style="list-style-type: none"> <li>High levels of ongoing conflict within the home which significantly impacts the youth's wellbeing OR youth does not have housing at this time</li> </ul>
	Scale: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> Details:		
<b><u>EDUCATION / EMPLOYMENT</u></b>	<ul style="list-style-type: none"> <li>Regularly attends school/work</li> <li>Maintains personal standard of school/work performance</li> </ul>	<ul style="list-style-type: none"> <li>Difficulty attending school/work regularly</li> <li>Decrease in school/work performance</li> </ul>	<ul style="list-style-type: none"> <li>Not attending school/work</li> <li>Majority of school/work activities are not completed</li> </ul>
	Scale: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> Details:		
<b><u>ACTIVITIES &amp; PEERS</u></b>	<ul style="list-style-type: none"> <li>Engages in activities for enjoyment</li> <li>Socializes with peers as usual</li> </ul>	<ul style="list-style-type: none"> <li>Decrease in participating in activities previously enjoyed</li> <li>Increase in peer conflict</li> </ul>	<ul style="list-style-type: none"> <li>Withdrawn from activities</li> <li>Experiences ongoing conflict with peers</li> </ul>
	Scale: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> Details:		



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<b><u>DRUGS &amp; ALCOHOL</u></b> <b><u>(be specific)</u></b>	<ul style="list-style-type: none"> <li>• Non- or infrequent use</li> </ul>	<ul style="list-style-type: none"> <li>• Occasional use</li> </ul>	<ul style="list-style-type: none"> <li>• Frequent/Daily use</li> </ul>
	Scale: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> Details:		
<b><u>EMOTIONS,</u></b> <b><u>BEHAVIOURS,</u></b> <b><u>INTRUSIVE</u></b> <b><u>THOUGHTS</u></b>	<ul style="list-style-type: none"> <li>• Overall feeling of wellness</li> <li>• Emotions/thoughts/behaviors do not negatively impact daily functioning</li> </ul>	<ul style="list-style-type: none"> <li>• Experiencing moderate emotions/behaviors/thoughts that have <u>some</u> impact on wellbeing (ie. anxiety and/or depressive symptoms, more reactive than usual, etc.)</li> </ul>	<ul style="list-style-type: none"> <li>• Frequent feelings of distress, anxiety,</li> <li>• Frequent intrusive, negative thoughts</li> <li>• Fluctuation in mood and behaviors that negatively impacts day to day functioning</li> </ul>
	Scale: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> Details:		
<b><u>DISPOSITION</u></b> <b><u>PLANNING &amp;</u></b> <b><u>MENTAL HEALTH</u></b> <b><u>SUPPORTS</u></b>	<ul style="list-style-type: none"> <li>• Strong support network</li> <li>• Feel well connected to supports and services</li> </ul>	<ul style="list-style-type: none"> <li>• Accesses some supports but these do not meet all needs</li> </ul>	<ul style="list-style-type: none"> <li>• Not accessing or attending support services</li> </ul>
	Scale: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> Details:		