



Spirit Bear Center Society Referral Forms

The following information is required prior to any client being placed on our waiting list and subsequently admitted to our program. The information will be used to determine the client's suitability to the program and will allow us to develop, with the client a viable treatment plan.

Date: _____

Referral Source Information

Social Worker	Agency
Street Address	City/Town
Postal Code	Phone Fax

Client Information

Name	Other Names Used
Current Address	City/Town
Postal Code	Phone
Date of Birth	Age
Band Name	Status Number

Substance Abuse History

Substance	How Long	Last Used

Does the client require a detox bed? Yes ___ No ___
(If unsure please contact Spirit Bear for consultation.)

Legal Status



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Is this client on probation or currently residing in a youth detention facility? Yes ____ No ____
(If no skip the following section)

Pre-Sentencing Documents Yes ____ No ____
If yes is checked off, please attach a copy

Probation Officer	Agency
Street Address	City/Town
Postal Code	Phone Fax

Please list all charges starting with the most recent.

Charge	Client Plead	Time Served	Youth Detention Facility

Please list any new charges and upcoming court dates. Please note that the social worker/probation officer is responsible for arranging transportation for upcoming court appearances.

Charge	Court Date

Treatment History

Why is this client seeking a residential treatment program at this time?

Has the client attended a residential treatment program in the past? Yes ____ No ____
(If no skip the following section)

Program Name	When did the client attend?	Outcome/did client complete?



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Does the client have an outpatient alcohol and drug counselor?
(If no skip following section)

Yes____ No____

Name	Agency
Current Address	City/Town
Postal Code	Phone Fax

Family of Origin History

Does this client have contact with their biological Mother or Father?

Names of biological parent's and current whereabouts (if known)

Does the client have a relationship with siblings?

Foster Care History

At what age did the client enter the system of care?

Reason for apprehension(s).



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How many foster homes has the client resided in since entry into the system of care?

Has the client suffered multiple failed placements? Please explain.

How long has the client resided in the current foster placement/group home?



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Medical Status

The House Physician at Spirit Bear Center Society will attend to the client’s medical needs while they are in residence. The client will be tested on site for TB upon entry and updated on immunizations as required. However, a note from a public health nurse or physician is required via fax prior to admission confirming that the client is free of head lice and scabies.

PHN (Care Card)/Medical #	Physician’s Name
Street Address	City/Town
Postal Code	Phone Fax

Is the client currently taking any prescribed medications? Yes____ No____

Medication Name	Dosage/Administration	Condition being treated

Does the client have any known allergies to medications? Yes____ No____

If yes please list known allergens:

Does the client have any special health care needs?

Is the client physically capable of doing daily chores? If there is a problem please explain.



Psychiatric History

Is the client under the care of a psychiatrist or mental health professional? Yes____ No____

Psychiatrist/Mental Health Therapist Name	Agency
Street Address	City/Town
Postal Code	Phone Fax

Does this client have a mental health diagnosis(s)? If yes please list:

Does this client have a history of violence towards self/others? If yes please explain:

Does this client have a history of self injurious behavior? If yes please explain including date and severity of last episode:

Does this client have a history of suicidal ideation/attempts? If yes please explain including date and severity of last episode:



Education History

The client will be enrolled in full time on- site school at Spirit Bear Center Society.

School Currently Enrolled In	Teacher/Contact Name
Street Address	City/Town
Postal Code	Phone Fax

What grade and subjects is the client currently working on?

Does the client have any diagnosed learning disabilities?

How many public schools has the client been enrolled in?

Does the client have any social/behavioral issues that have prevented them from reaching their potential in a traditional school setting? If yes please explain:

Social History

Please write a brief history of the client's involvement with family, friends, and significant others:



Brief Client Assessment

Please give a brief statement about the client’s strengths, goals and perceived potential:

Please list any other information that would help Spirit Bear Center Society develop an understanding of this client and develop a treatment plan that would address their needs.

What is the long range plan for community aftercare following graduation from Spirit Bear Center Society. Please include client’s housing, school and professional support workers.

Is this client working with additional counselor/support workers? If yes please list name and contact information.

Your attention to this referral package is greatly appreciated and we thank you for your cooperation in taking the time to fill it out. Please advise the client that the program is a full 12 months and they must be willing to participate in all aspects of the program.

Please contact Brian Judson @ MCFD 1-604-951-5928 or fax 1-604-951-5838 referral package directly.

Kind Regards,

Lynn Ned
Founder/Executive Director, Spirit Bear Center Society



90 DAYS STABILIZATION

All new clients who enter treatment at Spirit Bear Center Society are required to comply with a 90 days stabilization period. Meaning that, before your initial 90 days are up, a time in which you are able to really begin your recovery and ground yourself into the program, there is to be no physical contact with family or friends.

For your first 30 days the only correspondence allowed is through letter writing. After your first 30 days stabilization has passed you are entitled to one 10 minute phone call every other day (which will be supervised and the number logged for records and security purposes). Once you are passed your 90 days stabilization you are allowed one 2 hour supervised visit every two weeks with a person approved by your social worker, in addition to your phone calls. Possible extensions and modifications can be made to these bi-weekly visits, depending on the circumstances, and will be reviewed on a case by case basis by the director. Only days served in a consecutive manner will be counted.

You are encouraged to write letters to your family and friends and are welcome to receive letters from them as well. These letters will be screened by Director Lynn Ned only to ensure that no personal information about other clients is being passed on, as well the centers physical address.

During this 90 day stabilization period you are also permitted to call your social worker as you see fit. However, due to program scheduling there will be designated times throughout the day that you are able to contact them. All phone calls and visits will apply to the following times:

HOURS AVAILABLE TO CALL SOCIAL WORKERS:

Monday- Friday

- **8:00 AM - 9:00 AM**
- **12:00 PM - 1:00 PM**
- **3:30 PM - 5:30 PM**

HOURS AVAILABLE TO MAKE PERSONAL PHONE CALLS:

Monday- Friday

- **6:15 PM - 9:00 PM**

Saturday

- **12:15 PM - 9:00 PM** (*may vary depending on outings*)

Last phone calls can be received or placed no later than 9:00 PM

HOURS AVAILABLE FOR OFF SITE VISITS:

Sundays

- **1:30 PM - 4:00 PM**

Visits are no longer than 2 hours and need to be coordinated between the Social Worker and the Director of Spirit Bear Center. The visits cannot be arranged directly by the Client.



DISCHARGE/ MANDATORY DISCHARGE

Spirit Bear Center is a treatment center with a fully developed schedule. Success is dependent on your participation in all programs. Therefore participation is mandatory. Should you chose not to participate in program, without a valid reason, Spirit Bear Center's Director will discharge you from the program. This behavior includes;

- **Negative behavior**

Clients who display negative behavior which impacts their personal recovery and the recovery of other clients

- **Refusal to participate**

Clients who refuse to participate in scheduled programming or house chores. This also applies to clients who refuse to follow house rules including committing to the FULL YEAR of treatment.

- **Shoplifting**

Clients who are found guilty of shoplifting while off site will be discharged.

Here at Spirit Bear Center we consider your safety and well being to be our number one priority. Therefore there are certain behaviors and actions that we cannot tolerate in order to maintain a place of safety and healing.

Mandatory Discharge

The following behaviors will result in mandatory discharge;

- **Threats/Bullying**

This includes any behavior which is geared towards jeopardizing the safety of fellow clients or staff. This includes physical, sexual or emotional threats or bullying.

- **Violence**

Spirit Bear Center has a zero tolerance regarding violence. Violence includes anything from a slap/ shoves to punching/ kicking. This also includes using any other objects as weapons or means or injuring another client.

- **Sexual Contact / Misconduct**

While you are a resident at Spirit Bear Center you are here to focus on yourself and your own path. Therefore there is to be no sexual contact with anyone. This applies to outings as while as in regards to other clients in the house. Any sexual advances or threats are taken very seriously and will result in automatic discharge. This is integral to our commitment of a safe environment.