



# YOUNG BEARS LODGE



## *Referral Package*

**Phone: 604.322.7577 Fax: 604.322.7571**

**Email: [ybl.intake@unya.bc.ca](mailto:ybl.intake@unya.bc.ca)**

**You can find more information on our  
website: [www.unya.bc.ca](http://www.unya.bc.ca)**



**Vancouver  
CoastalHealth**  
*Promoting wellness. Ensuring care.*



## *Table of Contents:*

**PART I:** (p. 3 - 13) This section is to be filled out by the youth with any community support provider. All information in this portion should be completed and submitted via email ([ybl.intake@unya.bc.ca](mailto:ybl.intake@unya.bc.ca)) or fax to (604) 322-7571 prior to your stay at Young Bears Lodge.

**PART II:** (p. 14) This section asks for additional information that may be useful to include before the youth's stay at Young Bears Lodge. This can be completed with the support of the referring party, and/or by the youth. This information helps to give the staff at Young Bears Lodge a better idea of the youth's interests, strengths and areas where extra support may be required.

**PART I**

**Date of referral:** \_\_\_(dd) \_\_\_(mm) \_\_\_(yyyy)

**Youth's DOB:** \_\_\_(dd) \_\_\_(mm) \_\_\_(yyyy)

**Youth's current age:** \_\_\_\_\_

Is this the youth's first application to YBL? Yes No, date of last application? \_\_\_\_\_

**Youth's Community Health Authority:**

Interior Health Fraser Health Northern Health Island Health Vancouver Coastal Health

Do you have access to substance use services and supports in your community? Yes No

**Who is making the referral?**

Self Parent/ Guardian Health Authority Service Provider Community Service Provider  
Other: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship to youth: \_\_\_\_\_

**Youth's Information**

Youth's Legal Name:

Preferred Name (s):

Personal Health Number (PHN):

Address:

City:

Province:

Postal Code:

Telephone:

Email:

Okay to leave message? Yes No

Other Contact Information:

Young Bears Lodge is co-ed facility, respectful of all gender identity and diversity. We will work with youth to figure out how to provide services in this setting that respectfully treats youth according to their self-identified gender and sexual orientation.

Gender is diverse and we invite you to let us know what gender you identify with:

Female Male Gender Creative/ Fluid Transgender: FTM MTF Other: \_\_\_\_\_

What pronoun would you like us to use? She He They Other: \_\_\_\_\_

Prefer not to answer

Sexual orientation is diverse and we invite you to let us know your sexual orientation:

Heterosexual Lesbian Gay Bisexual Queer Questioning Two-Spirit Pansexual

Asexual Other: \_\_\_\_\_ Prefer not to answer

Is your reason for getting help (substance use, mental health concerns) related to any issues around your sexual orientation or gender identity?

Are you pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable		Number of weeks pregnant?
Do you have any children? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Child Name</b>	<b>Age</b>	<b>What is child's current living situation?</b>
Are you the custodial parent? <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, who has custody of the children?
Is there MCFD involvement for your children? <input type="checkbox"/> Yes <input type="checkbox"/> No		Details:
Name of Social Worker:		Social Worker Phone/ Email:
<b>Cultural Information</b>		
Do you identify yourself as an Aboriginal person, that is, First Nations, Metis, or Inuit? <input type="checkbox"/> Yes <input type="checkbox"/> No If you identify as an Aboriginal person, are you: <input type="checkbox"/> First Nations <input type="checkbox"/> Metis <input type="checkbox"/> Inuit		
Status: <input type="checkbox"/> Yes <input type="checkbox"/> No	Status #:	Band:
We invite you to let us know if there are any traditional practices or ceremonies that will support your well-ness while at Young Bears Lodge:		
What is your ethnicity?		What is your first language?
<b>Parent/ Guardian Information</b>		
Parent 1 - Last Name:		First Name:
Telephone Number:		
Address:		
Parent 2 - Last Name:		First Name:
Telephone Number:		
Address:		
<i>If not residing with parent(s) please provide name of guardian if appropriate (caregiver, foster parent, relative, social worker.)</i>		
Last Name:		First Name:
Telephone Number:		
Address:		

**Emergency Designated Contact Person (Family/ Friend)**

Name:

Relationship:

Telephone Number:

Email Address:

**Youth's Community Connections**

We would like to learn about who you have connected with in your home community to get support from (Counsellor, Outreach worker, Youth worker, Spiritual advisor, Recreation worker, etc.) If you have more than one Counsellor within your community, please provide this information in the 'other' section below.

Counsellor's Name:

Telephone:

Fax:

Email Address:

Agency:

Comments:

Physician's Name:

Telephone:

Fax:

Email Address:

Agency:

Comments:

Psychiatrist's Name:

Telephone:

Fax:

Email Address:

Agency:

Comments:

Social Worker's Name:

Telephone:

Fax:

Email Address:

Agency:

Comments:

Probation Officer's Name:

Telephone:

Fax:

Email Address:

Agency:

Comments:

Other's Name:	Telephone:	Fax:
Email Address:		
Agency:		
Comments:		
Other's Name:	Telephone:	Fax:
Email Address:		
Agency:		
Comments:		

**Education**

Are you attending school? Yes No

If Yes, name of school:	If No, name of Last school attended:
Current grade:	Last attended:
	Grade last completed:

**Substance Use**

Please tell us about your substance use history. For each substance you have used please tell us your method of use, when you last used, # of days in the last 30, the typical amount you use in a day and how old you were when you first used the substance.

Substance	Method of Use	Date Last Used (dd/mm/yyyy)	When using: # of days used in 30	Typical Amount Used Daily	Age at First Use
Alcohol					
Non-beverage Alcohol (mouthwash)					
Tobacco					
Cannabis					
Crack Cocaine					
Cocaine					
Heroin					
Opioids					
Benzos					
Crystal Meth					

**Substance Use Cont.**

Substance	Method of Use	Date Last Used (dd/mm/yyyy)	When using: # of days used in 30	Typical Amount Used Daily	Age at First Use
Amphetamines					
Hallucinogens					
Inhalants					
Illicit use of Prescription Meds					
Club Drugs: (please specify) XTC Ketamine GHB Rohipnol					
Over-the-counter meds					
Other (please specify)					

Please list the substance(s) you have the most difficulty with:

Have you ever injected drugs? Yes No

If yes, which drug(s)?

**Other Addictive Behaviours**

Do you or anyone in your life have concerns that you might have problems with any of the following behaviours (that is, you spend a lot of time, spend more money than you intended and/or it's interfering with other responsibilities)?

Type	Yes	No	Describe
Pornography			
Sexual Activity			
Gambling			
Shopping			
Gaming, Internet, Social Media, etc.			

### Substance Use Treatment History

Have you completed a withdrawal management program (home detox, daytox)? Yes No  
 If yes, please list most recent dates, where, and for what substances:

Have you ever participated in substance use services and supports (including counsellor, outpatient clinic, AA, NA, etc)? Yes No  
 If yes, please list most recent dates, where, and what substances you were using at the time:

### Youth's Health (including mental health)

Last TB Test (Date):  
**Attach results with this form (Chest X-Ray, Mantoux skin test)**

Date of last Medical exam:

Date of last Dental exam:  
 Braces: Yes No

Date of last eye exam:

Are your immunizations up to date? Yes No

Do you have a history of seizures? Yes No

Date of last seizure:

If yes, please tell us briefly about this experience:

Have you had any surgeries? Yes No  
 If yes, please tell us briefly about this experience:

Do you have any chronic health conditions (e.g. , asthma, allergies, diabetes)? Yes No  
 If yes, please tell us briefly about this experience:

Do you have any mobility issues? Yes No  
 If yes, please tell us briefly about this:

Do you have any history of mental health concerns? Yes No  
 If yes, please tell us briefly about this experience:

Do you have any history of disordered eating? Yes No  
 If yes, please define  
Binging Purging Restricting Laxatives Excessive exercising Other, please describe:

Have you ever participated in treatment for disordered eating? Yes No  
 If yes, please tell us briefly about this:

Is your eating disorder still active? Yes No  
 If no, when last active?



Have you experienced any head injuries? Yes No  
 If yes, please tell us briefly about this experience:

Do you often feel confused or overwhelmed in new places? Yes No  
 If yes, please tell us briefly about this experience:

Current Medications: (please include over the counter medications, vitamins and supplements)

Medication and Dose	Prescribed?	Medication and Dose	Prescribed?
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

***\*Note: Please ensure that you have attached any recent psychiatric or medical reports, and all relevant counsellor notes.***

**Youth's Safety**

Have you ever had thoughts of suicide? <input type="checkbox"/> Yes <input type="checkbox"/> No	Tell us more about this if you want to:  If yes, date of most recent attempt:
Have you ever attempted suicide? <input type="checkbox"/> Yes <input type="checkbox"/> No	

If you have ever attempted suicide, please tell us what, if any, medical attention you received and whether or not you were hospitalized along with the date(s):

Do you engage in self-harming behaviors? Yes No  
 If yes, please tell us briefly about this experience and the most recent date this happened:

Have you ever overdosed? Yes No  
 If yes, please tell us briefly about this experience and the most recent date this happened:

Have you ever experienced problems controlling your anger / aggression? Yes No  
 If yes, please tell us briefly about this experience and the most recent date this happened:

Are you currently experiencing violence? Yes No  
 If yes, please tell us briefly about this experience and the most recent date this happened:

### Youth's Housing

What is your current housing situation? (check all that apply)

- Independent  
 Parents  
 Foster Parents  
 Relatives  
 Friends  
 Partner  
 Group Home  
Shelter  
 Single Room Occupancy Hotel  
 Couch Surfing  
 Homeless

Is your current housing situation Safe Unsafe

Details:

Where will you live after your stay at Young Bears Lodge?

### Youth's Legal Circumstances

Do you have any upcoming court dates? Yes No

If yes, when and where (please attach more information if needed):

Are you on probation? Yes No

If yes, please explain (conditions, duration):

### Exit Strategy Plan

I understand that as I continue with the Young Bears Lodge program the Intake and Referral Counsellor and Young Bears Lodge staff will assist me to develop a more complete transition plan to support my continued wellness when returning home.

It is understood that if I leave the program on short notice, my referring health care practitioner/health authority liaison and my emergency contact will be notified immediately.

The following plan will be put in place if I leave early from Young Bears Lodge:

Early Exit	Weekdays	Weekends
Address		
Family Contact	Name: Phone: Relationship to Youth:	Name: Phone: Relationship to Youth:
Community Contact	Name: Phone: Relationship to Youth:	Name: Phone: Relationship to Youth:
Transportation		

### Signatures

*By signing below, I consent to the above family and community contacts being called to assist with my early exit from the program. I also understand that if I leave the program early, my referring party/ guardian will be sent an early discharge summary.*

Youth:

Date:

Parent/ Guardian:

Date:

## Consent for Release of Information

I, \_\_\_\_\_ understand that all information gathered by my referring party/ practitioner is considered confidential and will only be shared outside of my referring counsellor's organization/ Health Authority by Young Bears Lodge staff if I have given written permission.

Confidentiality is an extremely important matter in our program. In serving you, our program will work to appreciate your situation and how we can best support you. Just as with any health service, some of what we learn about you will be recorded in electronic / paper files. We record these details for the following three main reasons:

1. To support good planning and delivery of service to you. This involves sharing information between program staff and key professionals involved in helping you.
2. To provide necessary information for activity reports (e.g., how many people we serve, ages, needs). Activity reports information is important for service planning and is used by our program and shared with health authorities. Activity reports do not contain the names of people we serve.
3. Audits, service reviews, follow-ups or quality assurance surveys require access to contact and other personal information. These audits, reviews, follow-ups and surveys are conducted by our program, an accrediting body or the funder. This helps ensure that we are doing a good job and it provides opportunities to learn from the people we serve towards improving services.

Apart from the four basic exceptions (below), this information will not be shared with anyone outside of our program unless you give us written permission to do so.

These four basic exceptions are:

1. If there is a concern related to the safety and wellbeing of any one currently less than 19 years of age (e.g., neglect or abuse of a child), Ministry of Children and Family Development and/or the police may need to be contacted. This is about protecting children.
2. If there is a concern that you may harm yourself, another person or the public.
3. If you are experiencing a medical emergency.
4. If there is a legally authorized request, enquiry, investigation or duty to report. For example,
  - A subpoena, warrant or other type of court order
  - Required report related to Communicable Disease Regulations
  - An investigation by Worker's Compensation Bureau
  - An investigation conducted by the Coroner's service of British Columbia

If you have any questions or concerns about the limits of confidentiality, you are encouraged to speak with your counsellor / health care practitioner. Our program is committed to being as open as possible about our responsibilities to both you and the community.

**Please indicate below your consent for Young Bears Lodge staff  
to share your personal information**

Name	Phone #:	Specify any limitations to the information you consent to
Counsellor		
Physician		
Psychiatrist		
Social Worker		
Probation Officer		
Other		
Other		
Other		

I, \_\_\_\_\_ (full name of youth) consent to release of information as specified above. I have carefully reviewed the above information and any questions or concerns have been addressed to my complete satisfaction.

X	
(Youth signature)	(Date)
Parent Guardian Name:	
X	
(Parent / Guardian signature)	(Date)
Community counsellor / health care practitioner's Name:	
X	
(Staff signature)	(Date)

## Participant Agreement

I, \_\_\_\_\_ have reviewed the Pre-Intake Package and Referral Package.  
I agree to voluntarily apply for admission into the Young Bears Lodge program.

I agree while I am at Young Bears Lodge I will:

- have respect for others
- honour others privacy and right to confidentiality
- adhere to the rules of the lodge

I agree to participate in the following activities upon arrival at Young Bears Lodge:

- bed bug protocol
- any necessary medical assessments (if needed)
- medication review including handing in all medications to Young Bears Lodge staff
- review of your personal belongings in your presence

## Participant Agreement Signatures

Youth:

Date:

Parent/ Guardian:

Date:

Community counsellor/  
health care practitioner:

Date:



# YOUNG BEARS LODGE



**PART II**

**Youth's Strengths, Interests and Hopes**

Tell us about your strengths and positive qualities.

Tell us about your interests, talents, and passions.

Tell us about your goals for attending Young Bears Lodge.

What is your favorite thing about school?

What don't you like or find challenging about school?

Tell us about any learning difficulties/ challenges and what classroom supports have been helpful:

Tell us about your hopes for your education:

**Past Treatment/Counselling Experience**

If you have accessed support services before, what have you found helpful?

What has been unhelpful in your past experiences?