

Beacon Home Information Review for New Clients

Please fill out the following forms as completely as possible, and attach any other information that you may have. The information remains confidential, with our staff only.

Name:

Birthdate:

Referring Agency:

Social Worker:

Reason for placement:

Intended length of stay at Beacon Home, long term, short term, emergency?

Presenting behaviours of youth:

Youth's strengths:

History of abuse /neglect within the family and / or with the client? Physical, sexual, emotional?

How long has youth been in care? Type of care, and reasons:

Any assessments on file?

Has counselling been in place for client? Is client responsive to counselling?

Is youth aggressive, violent? Types of incidents:

Does the youth have any conflicts with the law, charges? Is youth on probation?

Are there upcoming court appearances?

Is youth prone to running away? Short "trips", or leaves for extended periods of time?

Gang activity, or street contacts?

History of drug or alcohol abuse within the family?

Alcohol, drugs, inhalant use / abuse with client? What types, how often, and most recent known use: Has youth been involved in treatment / and or / a detoxification program?

Is youth prone to self-harm, what forms of self-mutilation (if any) ?

Is youth prone to suicidal ideation? Have there been any suicide attempts?

Any issues with eating disorders, food hoarding?

Personal hygiene / personal self-care...are there concerns?

What level of education does client have? Are you interested in Beacon Home School program, or mainstream school? What is the previous school client attended?

Health of youth, known illnesses, allergies?

Are there activities or programs the client may enjoy, or look forward to?

Can you suggest anything we can do to prepare for your client that might assist in her transition to Beacon Home?

* Please attach any social history, background information, assessments, etc. that you have that can assist us in better serving this client.. Thanks!