



INITIAL PROFILE

OFFICE USE ONLY

Shareholder No.:

_____ | _____

Referral Source Information:*

Family Name:		Name (First, Middle Initial):	Date of Application:
<input type="checkbox"/> REFERRED BY AN AGENCY/ORGANIZATION		<input type="checkbox"/> SELF REFERRED	
1. REFERRAL AGENCY/ORGANIZATION INFORMATION			
Referring Agency/Organization:		Contact Person/Worker:	
Address:	City:	Province:	Postal Code:
Telephone:	Fax:	Email Address:	

Reason for Application:

2. Instructions: a) DO NOT LEAVE THIS SECTION BLANK b) Please describe in a brief summary of reason the situation that has caused the family and/or individual to apply for services at KiiKeeWanNiiKaan:			
3. Indicate the number of ADULTS wishing to attend KiiKeeWanNiiKaan <input type="checkbox"/>		4. indicate the number of CHILDREN wishing to attend KiiKeeWanNiiKaan. <input type="checkbox"/>	
5. Is this a returning Shareholder (client)? <input type="checkbox"/> yes <input type="checkbox"/> no		6. If yes, how many times has this family attended the lodge? <input type="checkbox"/>	
7. Please indicate any and all issues affecting the entire family.			
a. <input type="checkbox"/> Suicidal Behaviours	b. <input type="checkbox"/> Family Loss (death, separation, divorce)	c. <input type="checkbox"/> Depression/Sadness	d. <input type="checkbox"/> Family Violence
e. <input type="checkbox"/> Legal Issues (someone arrested)	f. <input type="checkbox"/> Action taken by Children's Aid Society	g. <input type="checkbox"/> Drug/Alcohol Abuse	h. <input type="checkbox"/> On probation/parole
i. <input type="checkbox"/> Anger/Temper Management	j. <input type="checkbox"/> Spousal Abuse	k. <input type="checkbox"/> Child Abuse	l. <input type="checkbox"/> Sexual Abuse
m. <input type="checkbox"/> Unresolved Childhood Issues	n. <input type="checkbox"/> Lack of Cultural Knowledge	o. <input type="checkbox"/> Lack of Life Skills	p. <input type="checkbox"/> Lack of Parenting Skills
q. <input type="checkbox"/> Lack of Communication Skills	r. <input type="checkbox"/> Residential School Issues	s. <input type="checkbox"/> Workplace Stress	t. <input type="checkbox"/> Relationship Issues
u. <input type="checkbox"/> Grief	v. <input type="checkbox"/> Other: Please Specify:		

* Copy & complete this sheet for all **shareholders** planning to attend: