



Venture Academy

Youth Counselling & Treatment Programs

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101-1865 Dilworth Drive, Suite 338 Kelowna, British Columbia

PROGRAM APPLICATION

To be filled out by parents and/or legal guardian:

Privacy Statement:

Venture Academy affirms the right to privacy for all our clients. Upon receipt, the Program Application is held in confidence and only viewed by Venture Academy team members as applicable for screening, eligibility and assessment purposes. All Program Application information and any other submitted supporting documentation is held for ninety days then destroyed if the client has not enrolled in the program within ninety days of receipt of application.

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Youth Name: _____

Age: _____

Sex: _____

YOUTH PROFILE

Youth Name (again): _____

Date of Birth: Month _____ Day _____ Year _____

Male _____ Female _____

Height _____

Weight _____

Eye Colour _____

Hair Colour _____

Hair Length _____

Complexion _____

Describe any birthmarks, tattoos, scars etc.

Provincial Medical or Care Card Number _____

Benefits Plan Card Numbers _____

CONTACTS

Person filling out application: _____

Relationship to client: _____

Today's date: _____

Father's Name _____

Address Same as Youth _____

Street Address _____

City/Town _____

Province/State _____ Postal/Zip Code _____

Home Phone Number _____

Occupation and Work Phone Number _____

Fax Number _____

Email Address _____

Mother's Name _____

Address: Same As Youth _____

Street Address _____

City/Town _____

Province/State _____ Postal/Zip Code _____

Home Phone Number _____

Occupation and Work Phone Number _____

Fax Number _____

Email Address _____

Emergency Contact #1 (other than parents)

Name _____

Relationship _____

Phone _____

Address _____

Emergency Contact #2 (other than parents)

Name _____

Relationship _____

Phone _____

Address _____

Family Doctor

Name _____

Address _____

Phone Number _____

Fax Number _____

BACKGROUND

Cultural Sensitivities/Considerations _____

Religious Sensitivities/Considerations _____

Who has legal custody of the youth? _____

Who has physical custody of the youth? _____

Biological Child? _____ Adopted? _____ At what age? _____

Are there any immediate safety concerns for your child or our staff that Venture Academy needs to know about? Please describe.

Has your son or daughter ever had previous placements outside the home?

_____ Yes _____ No

If yes, please list other therapeutic homes, schools, programs etc. if any, with length of stay and reason for placement.

Please describe your satisfaction/concerns about the programs/schools.

Please describe the reason for your child's referral to Venture Academy, including behavioural difficulties emotional concerns, medical problems, and/or clinically diagnosed disorders. (Attach extra notes if necessary)

Is your child currently being treated for any of the issues listed above? Yes ___ No ___

If yes, what is the type of treatment and intervention, when did it start, with whom, and where is the treatment taking place?

Please list past history of treatment and/or interventions for the above mentioned issues or other relevant issues.

Please list issues you would like your son or daughter to address while in the Venture Academy Program.

What are your goals for your son or daughter's involvement in the program?

General Goals:

Goals for Family:

Educational Goals:

Peer Related Goals:

Health/Lifestyle Goals:

Other Goals:

What strengths does your son or daughter have that will enable him or her to attend, participate and follow through with the Venture Academy services?

Where do you think your son or daughter is at in terms of wanting to change his or her current situation?

- denies there even is a problem
- acknowledges some issues but hasn't done anything about it
- wants to make some changes
- has or is attempting to make positive change

How willing are you as parents to participate in teleconference calls, assigned "homework" for you, and recommendations once your child has completed the program?

- not willing – this is our child's problem, please fix him/her
- somewhat willing – it depends what is requested of us
- willing – we view this as a family issue

MEDICAL/MENTAL HEALTH HISTORY

Please describe pregnancy and early childhood development.

Please list any ongoing long-term physical problem(s) or health concerns e.g. asthma, allergies, disabilities etc.

Please list any infectious disease(s).

Please list any immediate physical problem(s) or health concerns.

Previous psychiatric, psychological, behavioural or mental health services.

(See Youth Profile)_____

Year _____ Diagnosis _____ Treatment _____

Year _____ Diagnosis _____ Treatment _____

Year _____ Diagnosis _____ Treatment _____

Please list all current medications:

Name	Dose/Freq.	Purpose	Start Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

FAMILY PROFILE

Please list all immediate family members:

Name	Age	Relation	Living at Home	Yes	No

Briefly, describe the history of your son or daughter's relationship with each family member. Include parents, step-parents, grand parents, siblings, & half or step-siblings.

Please list immediate and extended family diagnosis or mental health issues:

Please describe the family marriage history. Please include divorces, separations, remarriages, etc., if any, and your child's age at the time and reaction to the event.

Describe any hereditary or abnormal illnesses that have occurred in the family or affected the family including emotional and or learning problems.

Please list and describe any family strengths that will help your son or daughter to follow through with the program.

EDUCATION

Copy of last report card included _____

What do you perceive as your son or daughter's current academic needs?

Does your son or daughter struggle in school? (Please explain)

Has he/she repeated any grades? Yes _____ No _____

If yes, which grades? What were the reasons?

Has your son or daughter ever been suspended? Yes _____ No _____

If yes, what were the circumstances?

Has your son or daughter ever been expelled? Yes _____ No _____

If yes, what were the circumstances?

Has your child received Special Education or resource classes or outside tutoring?

Yes _____ No _____

If yes, please describe.

Has your child ever had an educational or learning assessment? Yes _____ No _____
If Yes, what were the results?

What was the last grade your son or daughter completed? _____

What grade is he/she in now? _____

Name and location of school:

If not enrolled, last school attended and dates of attendance:

What strengths does your son or daughter have that will enable him or her to attend, participate and follow through with an educational program?

HISTORY OF SUBSTANCE USE

<u>Substance</u>	<u>Age of First Use</u>	<u>Current Frequency</u>	<u>Current Dosage</u>
Tobacco			
Alcohol			
Marijuana			
Hallucinogens (LSD or acid, mushrooms)			
Stimulants (cocaine, crack, crystal meth, ecstasy)			
Depressants (sedatives, etc.)			
Opiates (heroin, methadone)			
Inhalants (glue, gasoline, paint)			
Prescription drugs (ritalin, pain killers)			
Other drugs			

Where do you think your son or daughter is at in terms of wanting to change his or her substance using behaviours?

- ___ precontemplation (in denial or not even thinking about the problem)
- ___ contemplation (considering the problem but not doing anything about it)
- ___ determination (has decided to do something about the problem)
- ___ action (is doing something about the problem)
- ___ maintenance (carrying out a plan and staying clean)
- ___ relapse (using drugs or alcohol again)

What has been the impact of your son or daughter's use? IE family conflict, school suspensions, criminal activity etc.

What strengths has your son or daughter been able to implement in order to deal effectively with substance abuse issues?

Please describe parental and other family member's history of drug or alcohol use. Please include current levels of use and treatment history if applicable.

LEGAL HISTORY

Has your son or daughter ever been convicted of a criminal offence? Yes ___ No ___

If yes, please specify.

What was the disposition or sentencing resulting from his/her conviction(s)? ___ N/A

Has your son or daughter ever been charged but not convicted of a criminal offence?

Yes ___ No ___ If yes, please specify.

What were the reasons he/she was not convicted of the charge?

Has your son or daughter ever participated in criminal activity but not been charged?

Yes _____ No _____ If yes, please specify.

What strengths does your son or daughter have that will enable him or her to keep from participating in criminal activities?

OTHER TREATMENT ISSUES

Has your son or daughter ever demonstrated violent behaviour? Yes _____ No _____

If yes, when and what were the circumstances?

Has your son or daughter ever attempted to commit suicide? Yes _____ No _____

If yes, when and what were the circumstances?

Please list and describe any other clinically pertinent issues that you think may be relevant.

What strengths does your son or daughter have that will enable him or her to deal with the above listed or any other treatment issues?

STATEMENTS of HOPE

Please describe what you'd like your family life to look like six months from now.

Please describe what you'd like your family life to look like one year from now.

CONTACT FORM

Please note that Venture Academy's default position is that of confidentiality and anyone inquiring about your son or daughter will not be provided with any information about your family's involvement with Venture Academy. Well intentioned friends and relatives or others will be referred back to the child's parents without identifying information or contact information being given.

Not including the referring parent(s), please give the names, phone numbers and addresses of any person(s) who may be contacting Venture Academy asking for clinically pertinent or other information about your son or daughter whom **you approve** information to be released, ie. insurance rep, current counsellor etc.

Please give the names, phone numbers and addresses of any person(s) who may be contacting Venture Academy asking for clinically pertinent or other information about your son or daughter whom **you do not approve** information to be released, ie. a boyfriend or girlfriend, non-custodial parent etc.

RUNAWAY INFORMATION FORM (AWOL)

Youth Name _____

Please give the name, phone number and address of any person(s) your son or daughter may contact in an attempt to run away or ask for help once he/she is AWOL, (Absent Without Leave).

Please describe any reason for past attempts to runaway, i.e. prior family conflict, substance abuse etc.

Did he/she have a perceived reason to run? Yes ____ No ____

Did he/she run alone? Yes ____ No ____

Did he/she return home on their own? Yes ____ No ____

Was he/she hostile or angry when/if approached? Yes ____ No ____

Did he/she mislead police when/if approached? Yes ____ No ____

Was he/she involved in illegal activities while AWOL? Yes ____ No ____

I have filled in the above information to the best of my ability in order to provide Venture Academy with the most accurate and up to date information to be used for screening, eligibility and assessment purposes as well as therapeutic intervention purposes while my son/daughter is in the program. I understand that any information intentionally withheld may be grounds for a sudden and immediate discharge of my son/daughter from the program.

Parent Signature

Date

I have also included:

Copy of birth certificate _____

Copy of last report card _____

Photo of my child _____

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WHAT TO BRING

Once your son or daughter arrives at Venture Academy his/her basic care needs will continue to be met. There will be a monthly allowance for items such as toiletries, personal care needs which Venture Academy provides for each youth. You will be asked to pack a base list of clothing and toiletries, which will be expanded upon and upgraded as required.

If you are unable to provide some of the items listed below or are unsure of what new items you may need to acquire, Venture Academy staff will be glad to assist in purchasing articles of clothing once your son or daughter is admitted to the program. Initial clothing money will be required prior to purchase.

Venture Academy will provide everything except clothing and a few personal items. Everyday necessities as well as technical equipment are supplied by the Academy, i.e. bedding, sleeping bags, etc.

Please ensure you have packed your son or daughter's bags and are aware of the contents of all bags and containers.

<u>Item(s)</u>	<u>Description (and minimum of)</u>	<u># Included</u>
Travel Kit	toothpaste, toothbrush, comb, deodorant, female hygiene products etc.	_____
Underwear	7 pairs plus long underwear top and bottom or 1 piece	_____
Socks	5 athletic, 2 wool or heavy socks	_____
T-shirts	for physical activities & to wear under sweatshirts (2)	_____
Shirts	short or long sleeve for daily casuals wear in class or on outings in the community, etc. (5)	_____
Sweaters	for athletic activities or casual wear (2)	_____
Pants	jeans or similar for daily use (3), light hiking pants (1), ski or snowboard pants (1)	_____
Sweatpants	for athletic use (1)	_____
Shorts	athletic and casual (3)	_____
Bathingsuit	indoor and outdoor swimming (1)	_____
Boots	high quality waterproof hiking boots (preferably broken in)	_____
Shoes	casual for everyday use (1)	_____
Runners	crosstrainers or similar for athletic purposes (1)	_____
Sandals	for the beach and summer use (1)	_____
Hat	sunhat or baseball cap (1)	_____
Jacket	windproof waterproof, ski/snowboard jacket, casual jacket (3)	_____
Toque	wool or synthetic, must cover the ears (1)	_____
Gloves	or mitts for the ski hill and winter use (1)	_____

Other Items Included: (please list)

Optional

Comfort Item Something meaningful to your son or daughter. Something special to remind of home or a certain person, place, etc.

Sport Equipment Such as skis, snowboard, tennis racquet, baseball glove, etc.

What Not to Bring

Venture Academy values the integrity and safety of our clients, staff and others in the community. We expect that youth will respect themselves and others around them. Venture Academy will not allow youth to be in possession of items of an offensive nature or items which may harm or degrade another human being.

Items not to be brought to Venture Academy:

- Alcohol, drugs
- Any non-prescription over the counter or illegal drugs.
- Weapons such as pocket knives
- Musical CD's or tapes with swearing, racist connotations or violent messages
- Clothing, posters or reading material of a suggestive or offensive nature
- Cellular or mobile phones
- Portable stereo or TV – (mp3 player OK with approved song content)
- Playstation, X-Box or video games
- Money or access to it (debit or credit cards etc.)
- Any illegal or unsafe items

Please note that venture Academy is not responsible for lost, stolen or damaged personal possessions including but not limited to expensive electronics.

I am aware of the contents of my son or daughters bags and verify the content as described and included above.

Parent Signature

Date

Please call if you have any questions.

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