Sister Shelters of Saskatchewan Operations Standards Manual

Saskatchewan First Nations Family and Community Institute Inc.

The development of this document was coordinated and facilitated by the Saskatchewan First Nations Family and Community Institute Inc. with the Saskatchewan First Nations Women's Shelters.

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Section 8: Service Monitoring And Evaluation

Appendices

Preamble

This document was created in collaboration with the shelters for the shelters.

All employees are subject to the rules and regulations set out in this Operations Standards Manual.

In the event of a dispute or disagreement arising from the interpretation of any term, condition, word, process, or procedure in this Operations Standards Manual, the dispute shall be submitted to the Manager/Director, who will then deal with the concern accordingly.

The Manager/Director may consult legal or other counsel before rendering an opinion. Once a recommendation or opinion is developed, it shall be final and binding.

Where there is a conflict between a term or condition of a contract of employment and the Operations Standards Manual, the contract term shall apply.

Amendments

This Operations Standards manual may be amended from time to time to reflect legislation changes, changing needs of the client or to reflect changes in revenue that will affect services. This edition was created in March of 2025.

SECTION 1 - ACCESS TO SERVICES

1.01 Hours of Operation

The shelter's hours of operation are:

Twenty-four (24) hours a day, seven days a week, 365 days a year.

Clients may be received at the facility at any time, and in the best interests of the client, arrival times should be pre-arranged by contacting the facility.

1.02 Access to Services

a. Criteria for admission to the shelter will not discriminate based on race, religion, socio-economic status, language, ethnic origin or sexual orientation. Crisis calls must be answered directly and immediately. Priority may be given to clients in danger who have dependents, then to clients who are in danger with no dependents.

b. Any clients who are in crisis, sixteen years of age or older, with or without children, can be admitted to the shelter. All clients admitted to the shelter must complete the necessary documents and familiarize themselves with the shelter's rules.

c. Shelters shall make every effort to accommodate and support gender diverse clients, ensuring that the shelter is a safe space and place.

1.03 Dependents

Shelters will support clients and their dependents who access shelter services. Dependents may include children and/or family members who are in the care of clients regardless of age, seeking shelter services. Access to shelter services will include the completion of an assessment of immediate safety needs. Based on the assessment, shelters will provide services to clients and their dependents, if available, or refer them to more appropriate services in the community. It will be handled in a case-by-case scenario.

1.04 Clients Who Do Not Meet Access Criteria

The shelter will provide an outline of the steps the shelter will take to refer clients and dependents who do not meet the eligibility criteria to appropriate services. Shelters will have up-to-date information on local service providers to refer clients and dependents.

1.05 Shelter at Capacity

Given the shelter has a maximum capacity of beds and rooms available, the shelter, from time to time, may not have the necessary space to accommodate a client. In the event that the shelter is at capacity, the shelter will plan to:

a. Refer a client. (See points 1.09 and 1.10)

b. Create a waitlist of all potential clients and their dependents.

c. Assessment of the risk level of the clients and dependents.

1.06 Intake and Assessment

The shelter will have an intake procedure, which includes:

a. The completion of an intake form.

b. An initial assessment of the clients' and dependents' experience of violence and/or abuse and level of risk and safety planning.

Shelters will obtain clients' and dependents' preliminary information within 24 hours of being admitted to the shelter. Preliminary information includes:

a. Name and date of birth of clients and dependents.

b. Information related to safety concerns and risks.

1.07 Length of Stay

Clients who are accessing shelter services may face several circumstances that impact their length of stay. As such, shelters will have a written policy that outlines an appropriate length of stay for clients and dependents. The length of stay policy will take into consideration the unique situation of each client and the local community realities, including the availability of affordable housing and/or second-stage housing and the demand for shelter services in the community.

However, clients will not be expected to leave the shelter before 4 weeks, unless they have accessed an alternative form of shelter. Extended stays should be considered if the client is not able to leave after 4 weeks and their safety is in jeopardy. In these circumstances, it is preferable for the client to have their stay extended rather than be moved to another shelter.

1.08 Transitioning from the Shelter

The shelter will outline the various reasons for clients and dependents transitioning from the shelter, which could include but are not limited to:

a. The client has found alternative housing.

b. The client has chosen to return to their partner.

c. The client has voluntarily decided to leave the shelter.

d. The client poses a safety risk to other clients.

e. The client breaches the safety policies of the shelter.

f. The client has been transferred to another shelter due to safety concerns.

g. The client current needs would be more effectively served by other agencies and resources.

When transitioning from the shelter, shelter staff will notify clients and dependents that if they need support, they are welcome to contact the shelter for additional information and referrals to resources and community services.

1.09 Referrals to Other Services

a. The shelter will outline how the shelter will work collaboratively with clients and dependents to make referrals to other services such as appropriate mental health services, housing, legal support, counselling, and/or mental health and addiction services.

b. Staff will make referrals to other community services as necessary and will have up-to-date information available to clients. A listing of services and supports will be given to clients as they leave the shelter.

c. When the shelter is full, clients are referred to other shelters. (See point 1.10)

1.10 Shelter-to-Shelter Transfer

The shelter encourages priority transfers related to clients' and dependents' safety and security concerns. The shelter recognizes that they must take into consideration the demand for shelter services from clients in the community and that clients may request to be transferred to another shelter. Shelter transfers should be the least intrusive and disruptive to the lives of clients and dependents. It is the client's responsibility to make the call.

1.11 Not Returning to the Shelter

The shelter staff is encouraged to work with clients to determine how they would like the shelter to respond in the case they do not return. Shelters will have a protocol with the local R.C.M.P, which will include the relevant procedures to respond to missing persons, including clients and dependents.

1.12 Client Departure

In the unfortunate situation where a client is asked to leave the shelter, every attempt will be made to make a safety plan with them and to arrange for alternate accommodation.

The departure of a client from the facility will be a planned and coordinated process, designed to provide reassurance to the client and provide the client with an opportunity to offer feedback on the services received during their term of residency.

The Family Support Worker will conduct a formal departure with the client that will involve the following:

a. Provide reassurance to the client that they are welcome to return to the facility if required. Any specific conditions that impacted the client during their stay will be recorded in the client's file, and the client will be advised that these conditions may be a factor in re-admission.

b. Discuss with the client any concerns noted regarding to their future plans and record the results of such discussion.

c. Ensure that the client has the appropriate referral information so that they are able to access community services outside of the facility.

d. Review and re-inventory all facility items loaned to the client during their stay.

e. Return to the client any items retained by the facility for safekeeping and have the client endorse the return of all said items, including medication.

f. Complete a departure walk-through of the client's room to ensure that it is left in a clean and suitable condition.

g. Have the client complete the departure summary and clearly explain its use.

Immediately following the client's departure, the staff member who facilitated the departure process will:

a. Enter the client's information on the statistics form.
b. Enter the client's address, contact telephone number and departure date on the departure summary and sign it.
c. Enter the client's departure date on the Social Assistance form.
d. Place the client's file in the closed file section for storage.
e. Inform staff of the client's departure.

1.13 Service Restrictions

The shelter staff do not provide transportation outside of the city limits and do not pick up clients to bring them to the shelter. However, this may be reviewed on a case-by-case basis.

1.14 Child/ Adult Absenteeism from the Safe Shelter

Clients who have been admitted into the shelter who want to leave the premises:

a. Must call in every 4 hours and check in with the Family Support Worker/ Front Desk.
b. Must inform the Family Support Worker or Manager/Director of their current circumstance, whether it is critical or otherwise.

In discussion with the Manager/Director, the Family Support Worker can request a weekend pass for family-related events, such as ceremonies, funerals, etc., on behalf of the client.

Clients will be expected to check in once leaving the premises; the interval times of check-in will vary depending on the critical nature of the situation. If the client is at high risk, they will be expected to check in hourly. If the risk is medium, the check-in could be every few hours to every 4 hours. The length of time will be determined by the shelter staff. If a check-in is missed and the client does not call in for longer than 6 - 8 hours, RCMP will be called depending on the severity of the client's situation.

SECTION 2 - OPERATIONS AND ADMINISTRATION

2.01 Admissions

All clients will be registered upon arrival to the shelter and will be provided with and read the house guidelines.

a. In situations where a client and/or their dependent exhibit the need for immediate medical attention, they will be transported to the most appropriate medical facility.

b. The client will be assigned accommodation and be reassured of the safety and security precautions at the safe shelter.

c. The client will be provided with personal items, as required.

d. The client will be given a tour of the shelter with introductions to shelter personnel and clients.

e. The shelter ensures that at a minimum critical health and medical safety information is provided to the shelter in times of emergent, unplanned admissions.

f. Sufficient clothing shall be provided to the adult, child and youth upon arrival.

2.02 Intake and Assessment

a. Program staff will ensure that the following intake standards are adhered to when admitting clients to the facility:

- An assessment of the client's need for care or support services will occur within 72 hours of admission within the facility.
- Acceptance of care and support services and the client information completed at intake will be documented on the client's record.
- All clients must be given written informed consent to support services.
- Clients must be encouraged, educated and supported to perform self-care where at all possible and appropriate.

b. Client Intake Procedures:

- The formal intake procedures will take place within 24 Hours of arrival.
- Program personnel will complete the intake form. If the client is a re-admission, a new intake form must be completed, regardless of the time elapsed since departed.
- Program personnel will provide the client with a copy of the Resident Handbook and explain the residency regulations to the client.
- Program personnel will ensure that the client completes all documents required for the client record and endorses the Agreement for services.
- A Resident's file will be established including all intake forms and case history notes as viewed and understood by both the program personnel and the client.
- Program personnel will enter the client information in the statistics record, including name, number of dependents, admission date, referral source, health care identifier, treaty identifier, and First Nation or origin.
- Program personnel will also complete the client statistic form, as required.
- The client record of care will be placed in the active file location.
- Any client medications are to be retrieved from the client, recorded and securely stored.

c. Throughout the arrival and intake processes, the program personnel will make every possible effort to establish a comfort level with the client and repeatedly, reassure the safety and security precautions in place at the facility.

2.03 Case Management

a. The Program ensures that the case management and service plan include, but is not limited to the following:

- Case summary and quarterly reports
- A description of the resident's needs (i.e. strengths, problem areas, and presenting behaviours) that is developed with reference to the findings of current or previous evaluations of the resident.
- A statement of goals/intended outcomes to be achieved, and the plans to achieve. these goals with the resident and their child.
- A statement of the case plan for the resident.
- A statement of the ways in which related services will be involved in the plan.
- A statement on how communication will be part of the plan (call/don't call list).
- Details for provision of specialized services (i.e. Psychological, psychiatric, drug and alcohol assessments), and the plan by which these specialized services will be accessed and delivered.
- Details of recommendations for departure and plans for reviewing the plan.
- A description of the responsibilities of the referring agency and other collateral agencies.
- The risk level for the resident and plans for intervening should the resident leave without notification or planning.
- A transition plan.
- Counselling 24 -7 and access to a life skills plan; by appointment and availability only.

b. The program ensures that a written service plan is provided for each resident, reflecting the specific services provided.

c. The shelter conducts case management planning check-ins weekly and occasionally daily, depending on the circumstance. The Family Social Workers perform the checkups.

d. The program completes a recognized risk assessment upon admission and a regular update report.

2.04 Client File Records

Each client will have a file which will be kept current from the point of intake to the termination of services. All case notes will be signed and dated by the author and written in a professional manner. Each client file will contain a Client Services Checklist. Client files will be kept for a minimum of 7 years and will be disposed of by shredding.

The client file will consist of but is not limited to:

a. Intake Form.
b. Case Notes.
c. Agreement for services.
d. Relevant Medical Information.
e. Signed Informed Consent Forms.
f. Records of Referrals.
g. Critical Incident Reports.
h. Client Services Checklist.
i. Telephone Contact Sheet.
j. Oath of Confidentiality.
k. Copy of client's identification.
l. A current picture of the client (optional).

The client retains the right to view all documents filed in their record in the presence of the in-house counsellor. Files will be viewed in the office area only, and if requested, a client may receive photocopies of any of the documents or items filed in their file, except the case notes, which are property of the shelter.

If a client takes exception to or has a concern with anything that is written in their file, the supervising staff member shall assist in preparing an appendix of information which documents the client's concern with the possible misinformation and re-document the information in a manner consistent with the client's perception.

2.05 Case Notes

Employees and workers will complete case notes for the clients upon intake while the client is staying in the shelter and when the client is discharged. Items must be based on factual information that includes all the parties involved and should not contain assumptions, personal interpretations and/or personal feelings. Items that require documenting include but may not be limited to:

a. Interactions and pertinent things said during a discussion between the client and staff; and client and other service providers.
b. Disagreements, misunderstandings, and/or well-being of the client.
c. Other items that require documentation will be discussed during orientation.

2.06 Orientation of New Clients

New clients are provided with a "Client Handbook" upon being admitted. Within the handbook, clients will be provided with information on the amenities of the shelter, the services offered, the layout of the building and the expectations of the clients and the staff. Information will include, but is not limited to:

a. Fire safety
b. Alcohol and drug use
c. Designated smoking areas
d. Daily chores
e. Telephone use
f. Leaving the residence
g. Overnight passes
h. Recreation rules
i. Curfews
j. Room assignments
k. Personal belongings
l. Children/ dependents
m. Naps
n. Personal Safety
o. Dress Code
p. Departure
q. Meal schedule
r. Local resources

2.07 Room Registration

A bed is held for 24 hours in a distress call. If the room/ bed is still needed in 24 hours, a bed will be provided. Beds/ rooms are held on a case-by-case basis and at the discretion of the shelter.

2.08 Curfew

Curfews are in place for the safety of the adult client and their dependent(s). Unless otherwise agreed upon, adults are expected to be in the shelter between 8 p.m. and 10 p.m. Caregivers of young children need to be in the shelter by 7:00 p.m. or at the discretion of the staff. Children aged 13 to 17 are expected to be in the shelter by 7:00 p.m.

2.09 Daytime Access

The shelter does provide occasional daytime programming. This programming is not consecutive but is offered when possible. Daytime access is at the discretion of the shelter.

2.10 Follow-Up Services

Given that clients face loneliness, isolation and other ongoing issues when they leave the shelter to live on their own, Shelters will offer follow-up support services. This support may be provided by way of a designated staff person or may be incorporated into the work of the Shelter Support Worker. Clients shall be informed that they may call the shelter for support after they leave.

SECTION 3 - RIGHTS & RESPONSIBILITIES OF THE CLIENT

3.01 Right to Receive Service

As articulated in the guiding principles, the shelter will have a written policy that outlines that all clients and dependents at risk of or experiencing violence and/or abuse have the right to access shelter services when available and appropriate.

3.02 Client Rights and Responsibilities

The shelter will outline the rights of clients and dependents accessing shelter services, which include:

a. The right to be treated with respect and to be free from discrimination.
b. The right to self-determination and individual decision-making.
c. The right to a fair and clear complaint process without fear of reprisal.
d. The right to provide input and feedback into shelter programs.
e. The right to receive support from staff and identify short-term and long-term priorities.
f. The right to information about services and resources in order to make informed decisions.
g. The right to confidentiality of personal information and identity.

The rights of clients and dependents accessing shelter services will be regularly communicated to the clients.

3.03 Privacy and Right to Confidentiality

a. Information about any client in the shelter will not be shared with any person or organization, including other shelters, without the written consent of the client or the client's parent or guardian unless required to do so by legislation, judicial order, or medical crisis. Staff, visitors and clients will sign an Oath of Confidentiality.
b. Confidentiality can be breached in the following circumstances:
    - The client presents an imminent danger to themself or others;
    - A child needs protection.
c. Program personnel, whether remunerated or volunteer, will take reasonable care to keep confidential all information learned and observations made with respect to clients. Discussions amongst program personnel must be facilitated in a secure location that prohibits access by uninvolved individuals. Confidential information will be disclosed within the program on a need-to-know basis and only to personnel directly involved in delivering client services or case planning.
d. Program personnel will not disclose confidential information to a third party unless legally or professionally obligated to do so. In the event of legal or, if possible, professional obligation, the matter should be discussed with the client prior to disclosure.
e. In the event the client agrees to the release of confidential information to a third party, the client will authorize the release of the information, in writing, prior to its release.
f. The personal identity of clients within the facility will not be disclosed under any circumstance.
g. The obligation to maintain confidentiality exists indefinitely during the term of service and post-term.

3.04 Informed Consent from Clients and Dependents

The shelter will ensure that information recorded or known about clients and dependents will not be shared with outside agencies without the written consent from clients unless required by law. Written consent should be obtained from all clients 16 years of age and older and must indicate the type of information, how, and with whom personal information may be shared. The written policy will indicate that clients and dependents may withdraw written consent at any time.

3.05 Clients and Dependents' Records

The shelter will protect the records of all current and former clients, in paper and electronic form, from destruction, theft, or damage.

The Shelter Standards (Standard 4.8 Client File Records) will guide the management of service records, which includes how records are to be:

a. Maintained and secured.

b. Removed, transferred, and destroyed.

3.06 Food and Nutrition

The shelter will make every effort to provide food that is responsive to the religious, cultural, nutritional, and dietary needs of clients and dependents. Shelters may use Canada's Food Guide for guidance on the size, variety, quality, and nutritional value of meals.

a. The shelter shall develop and maintain procedures (Standard 2.5 Food and Nutrition) to ensure every effort is made to respond to the nutritional needs of clients within the budget of the shelter.

b. The shelter shall ensure all staff and clients are aware of safe food handling (training for safe food handling would be attained outside the shelter).

c. The shelter will consult with clients in orientation and throughout their stay on their dietary needs to ensure a response to any religious, spiritual, cultural, nutrition and dietary needs.

3.07 Complaints Process

The shelter will ensure all clients and their dependents can report complaints without fear of reprisal. Complaints may include conduct of staff, complaints about service provision, health and safety concerns.

a. The shelter shall ensure all clients and their dependents are informed of the procedure in orientation and have the procedure regularly available.

b. Records of complaints and resolutions will be kept on file for regular review.

3.08 Supporting the Safety and Security of Shelter Clients

a. The shelter shall develop and maintain procedures (Standard 2.7 Supporting the Health, Safety and Security of Shelter Persons/Clients) to ensure the health, safety and security of all clients and their dependents while using the shelter. This could include:
   - Monitors on doors and windows.
   - Safety protocols.
   - Alarmed doors.
   - Sign in and out process.
   - Video surveillance. This may include motion sensor equipment and cameras inside and around the property.

b. The shelter shall assess the safety and security of each client and their dependents upon arrival to the shelter. The shelter shall create a plan with the clients to ensure risk management and safety at all times. This plan should be monitored, documented, and re-assessed regularly.

c. The shelter shall ensure all clients and their dependents are informed of the procedure in orientation for the safety and security of all shelter clients.

d. The shelter shall ensure that all breaches of safety and security are documented for the purpose of review.

3.09 Clients Addicted to Substances

The shelter will provide access to all clients seeking shelter services, including clients who use substances. The shelter will refer to the Standards of Care (Standard 2.8 Clients Addicted to Substances) that outlines how they will provide support to clients who use substances, which could include the assessment of immediate safety needs and relevant community supports. The Standards of Care will also outline how the shelter will respond to clients who are in possession of substances and or use substances on shelter premises.

Active addictions, particularly those substances that seriously impair the counselling process, will be referred to services dealing with addictions before engaging with the services at the shelter. Clients with psychiatric and other mental conditions will be referred to the appropriate, accessible services in the community.

3.10 Supports for Clients and Dependents with Mental Health Needs

The shelter will ensure that services are responsive to clients and children with mental health needs. The standard (Standard 2.9 Supports for Clients and Dependents with Mental Health Needs) will outline how staff will work with clients with mental health concerns to assess the safety risks that they are experiencing, their need for shelter services, and the relevant community and mental health supports.

3.11 Disabilities

Shelters are committed to providing safe and secure housing to clients with disabilities. Shelter staff will assess potential clients to determine if their needs can be adequately met in the shelter. In order to be admitted to the shelter, however, clients must be able to provide all aspects of personal care such as the ability to look after their hygiene and dressing themselves. Clients must have behavior that is appropriate for communal and cooperative living. In addition, they must be able to look after any children accompanying them.

Clients who face challenges in this regard will be expected to have a support person to assist them at the shelter in order to secure admission. Female caregivers of disabled clients will be allowed to stay in the shelter should they be needed to assist with the client's personal care and daily routine. Clients will not be denied admission due to an inability to participate in housekeeping responsibilities.

3.12 Transportation of Clients

Transportation for clients while a resident in the facility shall be based on the client's resources and needs as well as security risks. The facilities will accommodate public transportation based on the following:

a. The client's means to meet their own transportation needs.
b. For children attending school.
c. For house/ apartment viewings.
d. For confirmed medical, legal and social services appointments.

The shelter will engage in a direct billing arrangement with a local taxi company for the purpose of providing transportation to clients.

3.13 Use of Alcohol, Smoking and Substances

a. If a client arrives under the influence of drugs/alcohol, the client's admission will be at the discretion of the shelter and on a case-by-case basis.
b. No alcohol or drug use is permitted during the client's stay at the shelter. This includes while inside and near the shelter and anytime the client leaves the shelter, such as when visiting friends.
c. Cigarette smoking is only permitted outside of the building in the designated smoking areas.

3.14 Right to Self-Determination

The shelter encourages individuals and families to maintain independence and self-care to the most reasonable extent possible while clients in the facility. The program staff will provide emotional support, counselling, and referral assistance based on the philosophy of fostering client independence and client-centred care planning. The client's right to choose must be respected at all times.

SECTION 4 - PROGRAM STANDARDS

4.01 Crisis Line Services

The shelter will ensure that crisis line services are available by phone 24 hours a day, seven days a week, 365 days a year.

4.02 Client and Dependent Support Planning

a. The shelter shall develop and maintain procedures (Standard 3.5 Individual Support Planning) to ensure a continuum of care for ongoing support and respect for clients and their dependents. This could include on-site and community services:
   - Family support workers on staff.
   - Referrals to community shelters.
   - In house shelters- parenting, circles, healthy relationships.
   - Children's services.
   - Emotional support.
   - Navigating systems: health, justice, housing supports, employment.

b. As a shelter, the support will reflect the community culture and the client's and the community's cultural needs. This may include:
   - Client-centered approach.
   - Respecting their belief system.
   - Providing culturally safe services.
   - Cultural room.
   - Elder services.

c. Shelter staff will assess the client's shelter needs and develop with them short and long-term goals of supporting services.

d. The shelter will provide clients the opportunity to have input into shelter development and an opportunity to provide feedback.

e. Shelter provides outreach services to the community and identified individuals. This may include:
   - Presentations on healthy relationships at community centers.
   - Presentations on healthy relationships at schools.

4.03 Safety Planning and Risk Assessment

The shelter will outline how each client accessing shelter services will complete an assessment using a risk assessment tool (shelters may choose the appropriate risk assessment tool) and discuss safety planning and risk management strategies with staff. Safety planning reflects the client's immediate personal circumstances, needs, and choices. Based on risk assessment, shelters will determine where elevated risk procedures to support clients and dependents will be required and implemented.

4.04 Individual Support Planning

The shelter will ensure that shelter staff provide ongoing support for clients and dependents during their stay at the shelter. Ongoing support could include crisis intervention, emotional support, risk assessment, safety planning, and supporting clients and dependents to navigate or access a variety of systems, including but not limited to justice, employment, housing supports, health, police, education, child welfare services, and traditional knowledge holders for the clients and dependents of the shelter. Shelter staff will work with clients and dependents to establish short and long-term priorities, and the supports required from staff and community resources.

4.05 Supports for Children

The shelter will ensure that it outlines the services and supports that will be provided to children, including how children will be a part of safety planning and risk assessment. The policy will include how shelter staff will work with clients to determine the appropriate supports for children and/or the appropriate referral to services in the community.

4.06 Duty to Report

The shelter staff are required to report any suspicion that a child is or may need protection. The policy must also require staff to document the report and the information on which the report is based. The policy will meet all requirements in the Child and Family Services Act, respecting reporting protection concerns. The policy will also require the shelter to inform each client upon intake that staff may be required to make a report in accordance with requirements under the Child and Family Services Act.

For more information on the duty to report, please visit the Ministry of Children and Youth Services website: Reporting child abuse and neglect.

4.07 Apprehension of Children from Mother in Shelter

When there is a need under the Child and Family Services Act to apprehend a child(ren) while residing in a crisis shelter, CFS staff and shelter staff share the responsibility to ensure the process is conducted in a manner that is professional, sensitive and respectful of the shelter clients, staff, and the child(ren) that are to be brought into care. CFS staff attending the shelter must have adequate identification, which may include a photo ID card and business card for leaving with the client/staff OR a telephone number where a supervisor can verify their status with the agency.

It is the responsibility of the CFS agency representative to notify the shelter staff as soon as possible prior to the apprehension taking place. If a parent is not at the shelter at the time of apprehension, the CFS staff will use other means to contact the parent and inform them of the apprehension.

In some cases, a parent may be told that if they leave the shelter with their child/ren, and the child/ren is deemed to need protection, then the child(ren) will be apprehended. In these cases, shelter staff must call the CFS staff representative or after- hours line immediately following the client leaving the shelter. Shelter staff will support the caregiver after the removal of the child(ren).

4.08 Supports for Clients

Shelters will outline in the orientation package the support that will be provided to clients and dependents accessing shelter services. The written Standards of Care Standard will include respect for clients and dependents' language of choice, the importance of connecting clients and dependents with traditional knowledge holders, providing a space for traditional practices, and providing information and referrals about culturally appropriate services, as requested by the clients and dependents. Shelters are encouraged to work collaboratively with Indigenous and First Nation communities, as well as urban Indigenous organizations to establish effective and responsive policies, services and supports.

4.09 Education/Training – For Clients/ their Children and Youth

The shelter will ensure all children and youth attend school until they reach the age of sixteen. Where possible, the shelter shall ensure that life skills are delivered to clients. Examples of these topics are:

a. Cleaning
b. Laundry
c. Applying for a job
d. Applying for school
e. Conflict resolution
f. Abuse education materials for adults, children and youth

SECTION 5 - HEALTH AND SAFETY

5.01 Compliance with Legislation and Regulation

All organizations will have documentation that indicates compliance with municipal, provincial and federal requirements, including but not limited to fire regulations, building codes, food handling regulations, health inspections and occupational health and safety requirements.

Additional specific health and safety requirements include:

- Driveways, walkways and exterior steps from all entrances and exits must be kept free of ice and snow.
- The facility will be kept free of insects and rodents.
- Hazardous or poisonous substances will be kept in a locked cabinet or room not accessible to clients without assistance from staff.
- There will be routine inspections using a checklist to ensure compliance with these requirements.
- Readily accessible first aid kits will be maintained. Residential and direct service staff will hold current First Aid and CPR certificates.
- Medication must be locked and accessible only by shelter staff. A locked box in the fridge or a separate secure refrigerator must be available for the storage of medicine that requires refrigeration.
- Alcohol and illegal drugs are not permitted in the shelter.

5.02 Emergency Preparedness

Each shelter will have a written emergency plan that looks at specific situations such as fire, power outages, a lack of heat or water, and pandemic influenza. The emergency plan will specify evacuation details, identifying a muster point, if necessary. The plan will be kept in a place accessible to all staff.

5.03 Client Medication

a. All prescription and over-the-counter medication must be retrieved from the client during the intake process. Clients are not permitted to store or administer their own medications while a resident at the shelter.

b. Program personnel will log all medications and secure them in a locked cabinet. Medications must be clearly labelled with the client's name, inventoried, and the dispensing to the client recorded accurately and completely.

c. Prescription medication will be dispensed according to the script on the medication bottle. Medications will not be withheld from the client, except where the program personnel suspect the client is abusing or overusing the medication.

d. Program personnel must inform the client that any medication not taken with them upon departure or removal will be disposed of within thirty (30) days of departure.

5.04 Health and Safety

The shelter will develop, implement, and regularly review its Health and Safety standard (Standard 6.7 Health and Safety) to promote the health, safety, and wellness of clients and dependents using the shelter, employees and volunteers. The following health considerations mirror the standards:

a. General Health and Safety
   - Clients and dependents are safe and secure within the facility and entrances are secured against unwanted entry.
   - Emergency exits will be equipped with an alarm to alert staff/volunteers of unauthorized comings and goings.
   - A pest management program is in place that includes prevention of pest infestation and working closely with a licensed pest control operator, if needed.

b. Infectious Diseases and Outbreaks

The shelter will report on increased rates of illness, when to contact the local public health unit, how they will support any public health unit investigation, and how they will support ill clients to receive care, when required.

5.05 First Aid and Cardiopulmonary Resuscitation (CPR)

The shelter will have at least one staff person certified in Standard First Aid and CPR is always on duty in the shelter.

5.06 Food Safety

The shelter will outline how employees, clients and dependents, and volunteers adhere to food safety requirements. This includes requirements related to food handling during food preparation, processing, packaging, service, storage, and transportation.

5.07 Fire Safety and Emergency Preparedness

The shelter will ensure compliance with an emergency and/or fire evacuation plan. All employees will be familiar with the plan and will make clients and dependents aware upon admission to the shelter, when appropriate. Diagrams of the evacuation plan will be posted in all sleeping and communal areas. Fire extinguishers and smoke/carbon monoxide alarms are regularly serviced and available in areas where services are provided.

5.08 Safety for Children

The shelter will monitor that children's equipment is age appropriate and well-maintained. Cribs, appropriate bedding, highchairs, toys, and playpens should conform to specifications approved by the Canadian Standards Association (CSA). Cribs must be provided for all children under two years of age, as per appropriate safety standards in accordance with CSA.

5.09 Continuity of Service Plans

The shelter will refer to the Standards of Care outlining the continuity of service plan, which includes arrangements to provide continuous delivery of critical services and identification of necessary resources to support ongoing services.

5.10 Hygiene

At the discretion of the shelter.

5.11 Weapons/ Firearms

The shelter's work site premises and work activities will be free of weapons and firearms. All weapons and firearms will be confiscated and handled and/or disposed of immediately in a safe manner.

In the event of an incident involving weapons or firearms, a Critical Incident Form will be completed following the Critical Incident policy. Clients will be asked if they possess firearms or weapons upon admission. If it is suspected that the client possesses firearms or weapons, the client could potentially have their belongings inspected.

5.12 High-Risk Behavior/Suicidal Attempts

Outside resources including mental health, are utilized to address high-risk behaviours. RCMP may be called in this situation.

5.13 Telephone

The shelter will have a 24-hour, personalized and respectful response to telephone messages. All calls to the shelter must be answered directly by a staff person. Staff will provide information and support to each caller regardless of the potential for admission to the shelter. Staff will respond to all requests for information keeping in mind the safety of the client at all times. Staff's private information should not be provided.

5.14 Risk Assessment

Shelters may use the ODARA Risk Assessment Tool or any other risk assessment tool of their choice to assess the risk of each client.

5.15 Safety of Clients

The shelter personnel will maintain and demonstrate a zero-tolerance policy for any form of abuse. Clients and program personnel must always be treated in a respectful and non-judgmental manner.

SECTION 6 - LIVING ACCOMMODATIONS

6.01 Maintenance of Shelter

Shelter staff are responsible for the cleanliness and upkeep of the shelter although clients may be enlisted to assist with chores at the discretion of the shelter. Shelter staff will assist clients in these tasks as necessary. Staff will take precautions when cleaning to avoid injury. Biohazard kits must be provided and used. Personal protective equipment will be used by staff, such as puncture-proof rubber gloves and goggles.

6.02 Eating Areas

The shelter expects clients and their dependents to eat at the table in the kitchen area. In addition, once finished eating, it is expected that the client cleans up the space that was used to eat in and cleans the dishes used. Mealtimes are from:

Breakfast 7:00 am – 8:30 am

Lunch 12:00 pm – 1:00 pm

Supper 5:00 pm – 6:00 pm

6.03 Recreational Areas

Recreational areas include the toy room located inside the building and the playground located outside of the building. Toys from the playroom are NOT to be outside. Toy room toys are to be disinfected once a week by caregivers and/or staff. All toys must be put back when done playing. Outside toys are NOT to be brought inside, they are to be put back in their storage places once the child is done using them.

The shelter ensures that workers are required, dependent upon their physical limitations, to participate with clients and their children and youth in recreational activities to model and mentor positive behavior.

6.04 Bathing and Toilet Areas

The shelter shall develop and maintain procedures (Standard 7.3 Bathing and Toilet Areas) for adequate bathing and toilet areas for all clients. This could include but is not limited to each room having its own full bathroom. Client should let staff know if there are any maintenance issues.

Bathroom, Bathtub/ Shower, Sink
Clients will have access to a bathroom, which includes a toilet, bathtub and shower. It is the responsibility of the client to do the following:

- Ensure soiled pampers are placed in a plastic bag and put in the garbage outside.
- Help the staff keep the bathroom clean by picking up personal belongings and putting them back in their room.
- Pick up dirty towels and place them in the laundry room for cleaning.
- Assist in keeping sink, toilet and bathtub clean.
- Feminine products are to be disposed of properly.
- Advise staff if there are any maintenance issues.

6.05 Bedroom

A room is provided to clients and dependents. This room includes a dresser, closet, bed and bedding. It is the responsibility of the client to do the following:

a. Ensure soiled pampers are placed in a plastic bag and put in the garbage outside.
b. Dirty clothes are to be placed in the laundry.
c. No food or dirty dishes are to be left in the rooms.
d. Beds are to be made daily.
e. Soiled bedding is placed in the laundry room for washing.

6.06 Phone Use

A phone is available for the use of clients; this includes using the phone for long-distance calls. In then a client needs to make a long-distance call, a staff member will assist.

Whether the call is local or long distance, the call is to be kept at a maximum of 20 minutes, taking into consideration the other clients in the shelter.

6.07 Electronics Use

Clients are asked to sign a confidentiality waiver to ensure privacy. The devices are only to be used in the assigned client room and clients are informed that children must come first.

6.08 Laundry Room

It is expected that all clients will wash, dry and fold their own laundry, this includes their own bedding, unless other arrangements have been made with the shelter staff. Most linens and towels belonging to the shelter will be cleaned by the staff. Detergent and fabric softener are provided and available upon request if none is found in the laundry room. A schedule may be provided.

SECTION 7 - HUMAN RESOURCES

7.01 Supervision

The Manager is the primary role within the shelter and oversees all positions and operations of the shelter. The responsibilities may include:

a. Supervises all staff.
b. Orientation of staff/staff training.
c. Provide staffing guidelines.
d. Develop a mandatory Certificates/Training list.
e. Scheduling.
f. Payroll and petty cash, gift cards, purchase orders, cheque requisitions.
g. Employee leaves.
h. Performance reviews.
i. Signing authority to all financial and human resource documentation.
j. All concerns related to personnel, operations, finance, clients and governance.

7.02 Staff Orientation

The shelter shall develop and maintain procedures (Standard 5.1 Staff Orientation) for orientation of new staff. Orientation will focus on the day-to-day operations of the shelter as well as specific job duties that both reflect and respect the culture, mission and vision of the shelter. Some orientation areas will be time sensitive and may require regular updates and training.

Orientation should include but not be limited to the following:

a. Day-to-day operations of the shelter.
b. Conflict of Interest form and Confidentiality Consent form.
c. Buddy system that assists the employee in understanding the day-to-day operations of the shelter.
d. How to fill out forms- administrative duties.
e. Local policies and procedures – safety, human resources, finance, organizational chart, vision, mission, office keys, vehicle use, shelter overview, job description, code of ethics, orientation to other resources in the community.
f. Keys, signing in, cleaning supplies, culture room, panic buttons, RCMP, intake book, distress calls mock.
g. Mandates - family violence and domestic violence.
h. Compassion.
i. Assertiveness training.
j. Documentation skills.
k. Decision-making skills.
l. First aid & CPR/AED.
m. Helping skills.

The shelter shall ensure orientation training starts within the first week of employment.

7.03 On-Going Training Needs of Staff

The shelter shall develop and maintain procedures (Standard 5.2 Ongoing Training Needs of Staff in First Nations Shelter Programs) for on-going training for staff. Training reflects the needs of the shelter and the client's shelters and services. This may include:

a. Counseling
b. Child and adolescent development
c. Trauma informed practice
d. Cultural training
e. Working with groups
f. Managing behaviors
g. Professional boundaries
h. Occupational health and safety information- First aid & CPR/AED
i. Helping skills
j. Working with children experienced violence
k. Parenting skills- kids first
l. Computer training
m. Safe food handling
n. Multi skills process
o. Grief and loss
p. Documentation skills

7.04 Work Environment

The work environment is unpredictable from day to day. Employees must be prepared for any situation, from high stress, crisis situations to a day of cleaning. Be prepared to adjust to the environment, by being flexible.

7.05 Night Duty Staff

The shelter shall mirror Shelter Standards (Standard 5.4 Night Duty Staff) for ensuring the sufficient number of staff are on duty to maintain the safety of clients during the night shift. The First Nations Shelters shall develop and maintain procedures to ensure employees stay awake and are given responsibilities during the night duty shift.

SECTION 8 - SERVICE MONITORING AND EVALUATION

8.01 Program Review and Evaluation

Program evaluations review the shelter's program for:

a. performance,
b. quality,
c. efficiency
d. client outcomes
e. the effectiveness of the services provided

8.02 Client Departure Evaluations

Evaluation forms are completed upon departure, looking at the stay in the shelter, evaluating staff, evaluating the shelter. All forms are confidential and are only for the manager/director to read.

APPENDICES
SECTION 1: ACCESS TO CENTRE SERVICE FORMS

a) Agreement for Services

b) Contract for Respect of Others

c) Client Personal Information

d) Abuser Data

e) Personal Inventory

f) Bedroom Inventory

g) Release of Information Consent Form

h) Three (3) Day Assessment Policy

i) Child's/ Adult Waiver of Absence from the Shelter

j) Absence Sign In/Out Sheet

k) Cell Phones and Children Waiver

l) Client Telephone Contact Sheet

m) Departure Form

Agreement For Services

I, _____ hereby declare that as a resident of the shelter, I fully understand the guidelines and agree to participate in the programs and services made available to me. I understand there is no charge for these services. However, I am fully obligated to participate in programming that pertains to my case. Also, I give my full cooperation to abide by the house rules and duties as assigned.

I fully understand that if I do not comply with the facility rules and regulations, planned programming and my case plan, I may be discharged from the shelter.

Dated at _____, Saskatchewan, this day Day of

Month ,20 .

Client Signature	date
Staff Witness	date

(If applicable)

If I understand I am responsible for the proper care of my children and I agree to provide alternate arrangements for child care. I understand that the staff of shelter is not responsible for my children except when supervised activities are scheduled.

Client Signature	date
Staff Witness	date

Contract for Respect of Others

I, _____ agree to respect myself and others at the shelter. I agree not to become verbally or physically abusive or violent towards other clients, my own children, staff members, or program participants/facilitators while residing at the shelter.

Examples of verbal abuse include: Name calling, sexual comments, excessive yelling or screaming, rudeness, criticism, swearing, verbal threats or insults.

Examples of physical abuse include: violence towards any person or object, cruel treatment, damage to property (yours or others), aggressive or intimidating behavior, rough physical contact, or any action causing harm to others.

I understand that engaging in such behavior may result in immediate discharge from the shelter or from specific programs. I understand that it is my own behavior that will violate this agreement and will determine the course of action taken.

I acknowledge that I am undertaking temporary residence at the shelter, and I understand that I may be asked to leave within 24 hours if I or my children break any house rule or threaten the safety or well-being of other clients or staff.

Dated at _____ day Day of
Saskatchewan, this

_____
Month ,20 .
_____ ____

_____ _____
CLIENT SIGNATURE DATE

_____ _____
STAFF WITNESS DATE

Abuser data

CLIENT NAME: _____

NAME OF ABUSER(S): _____

ABUSER'S BIRTHDATE: _____ **AGE:** _____

RELATIONSHIP TO CLIENT: _____

LENGTH OF RELATIONSHIP / MARRIAGE: _____

ABUSER'S ADDRESS: ☐ **SAME AS CLIENT**

☐ **OTHER (LIST):** _____

ABUSERS TELEPHONE #: _____

ABUSER'S PLACE OF EMPLOYMENT: _____

SUPERVISOR: _____ **PHONE# :** _____

ADDRESS: _____

DESCRIPTION OF ABUSER (TATTOOS, SCARS, GLASSES, JEWELLERY) : _____

_____

_____

NATIONALITY: _____ **HEIGHT:** _____

WEIGHT: _____ **EYE COLOR:** _____

HAIR COLOR / LENGTH: _____ **SKIN COLOR** _____

FACIAL HAIR: _____ _____

RECENT PHOTO AVAILABLE FOR OUR FILES? ☐ **YES** ☐ **NO**

VEHICLE: ☐ **CAR** ☐ **TRUCK** ☐ **VAN** ☐ **SUV** **MAKE:** _____ **MODEL:** _____

COLOR:_____ **YEAR:**_____ **LICENSE PLATE #:**

DOES HE/SHE OWN OR HAVE ACCESS TO WEAPONS? ☐ **YES** ☐ **NO**

TYPE: _____

_____

Personal Inventory

Client's Name: _____

Room #: _____ Number in Family: _____

Item	# of items	Comments

NOTE: Staff at any time can go through your belongings with you, if they think something is brought in that is not appropriate in the shelter. As per (Local Policy Number)

_____ _____

Client Signature date

_____ _____

Staff Witness date

Bedroom Inventory

Room Number: _____

Client Name: _____

Number in Family: _____

Date: _____

Item	# Issued	# Returned	Clients Initials	Staff Initials	Comments:
Pillows					
Pillow Cases					
Blankets					
Sheet sets					
Face Cloths					
Hand Towels					
Bath Towels					
BATH MAT					
Alarm Clock					
Crib Sheet					
Crib Blanket					
Other					

Date Returned: _____

_____ _____

Client Signature date

_____ _____

Staff Witness date

Release of Information Consent Form

I, _____ UNDERSTAND THE POLICY OF THE SHELTER IS THAT INFORMATION OBTAINED IN INDIVIDUAL AND GROUP COUNSELING IS **CONFIDENTIAL**. THIS INFORMATION WILL NOT BE RELEASED WITHOUT MY CONSENT.

EXCEPTIONS TO THIS POLICY ARE:

i. IF STAFF HAS REASON TO BELIEVE A CHILD IS IN NEED OF PROTECTION, STAFF IS OBLIGATED BY LAW TO REPORT TO CHILD PROTECTION AUTHORITIES.

ii. COURTS OF LAW CAN SUBPOENA COUNSELORS TO RELEASE INFORMATION WITHOUT A CLIENT'S CONSENT.

iii. IF THERE IS REASON TO FEAR FOR ANYONE'S WELL-BEING, STAFF WILL DO WHATEVER POSSIBLE TO PREVENT AN ASSAULT, SUICIDE, OR HOMICIDE.

iv. IN ANY SITUATION WHERE STAFF DEEMS CRISIS INTERVENTION IS NECESSARY THE APPROPRIATE ACTION WILL BE TAKEN

IN LIGHT OF THE ABOVE EXCEPTIONS, I UNDERSTAND THAT STAFF WOULD HAVE THE AUTHORITY TO OBTAIN OR RELEASE INFORMATION FROM THE HEALTH PROFESSIONALS, LAW ENFORCEMENT OFFICERS, SOCIAL SERVICES, INDIAN AFFAIRS, SCHOOLS, OTHER TRANSITION HOUSES, OR OTHER APPLICABLE AGENCIES.

I, _____ UNDERSTAND AND AGREE WITH THIS POLICY AND AUTHORIZE THE SHELTER PERMISSION TO OBTAIN AND RELEASE INFORMATION IN THE EVENT OF SUCH EMERGENCIES.

DATED AT _____, SASKATCHEWAN, THIS DAY **DAY OF** MONTH **,20** **.**

_____ _____

CLIENT SIGNATURE **DATE**

_____ _____

STAFF WITNESS **DATE**

Three Day Assessment Policy for Clients

The 3 day assessment period was established for the clients to take the time for themselves and to clear their head. It gives them a chance to unwind and get settled from the situation they are leaving from. It also gives them the opportunity to re-evaluate their lives and make the necessary changes they will need to move forward in their lives. This 3 day assessment period also gives the staff a chance to evaluate their situations to ensure the shelter is where they need to be. Case planning will commence usually on the 3rd day but can be started when they feel they are ready.

During the three day assessment client/s are not to leave the shelter. Exceptions to the policy are:

1. **Doctor's appointments**
2. **Social Services appointments**
3. **Register their kids for school**
4. **Salvation Army referrals**

<u>Furthermore shelter staff will drive the clients to the aforementioned appointments during the three 3day assessment period.</u>

Adult's Waiver Of Absence From The Shelter

I HEREBY WAIVE ALL OBLIGATION AND RESPONSIBILITY OF THE SHELTER WHILE INTERIM/ AWAY FROM THE SHELTER.

I, _____ HEREBY WAIVE THE STAFF OF THE SHELTER OF ANY LEGAL RESPONSIBILITY OF PERSONAL AND FAMILIAL INJURY OR DEATH CAUSED DURING MY PASS.

I UNDERSTAND THAT EACH VISIT PASS IS LIMITED TO 4 HOURS. IF I THE CLIENT IS NOT HEARD FROM IN THE 4HOUR PERIOD, THE R.C.M.P WILL BE CONTACTED IMMEDIATELY.

CLIENT CONTACT PERSON: _____ PHONE #: _____

RELATIONSHIP: _____

_____ _____

CLIENT SIGNATURE DATE

_____ _____

STAFF WITNESS DATE

DATE	OUT TIME	IN TIME	CONTACT #	REASON FOR ABSENCE FROM SHELTER

Child's Waiver Of Absence

I HEREBY WAIVE ALL OBLIGATION AND RESPONSIBILITY OF THE SHELTER WHILE INTERIM/ AWAY FROM THE SHELTER.

I, _____ HEREBY WAIVE THE STAFF OF THE SHELTER OF ANY LEGAL RESPONSIBILITY OF PERSONAL AND FAMILIAL INJURY OR DEATH CAUSED DURING MY CHILD, _____ PASS.
EACH VISIT PASS IS LIMITED TO 4 HOURS. IF THE CLIENT'S CHILD IS NOT HEARD FROM IN THE 4HOUR PERIOD, THE R.C.M.P WILL BE CONTACTED IMMEDIATELY.

CLIENT CONTACT PERSON: _____ PHONE #: _____

RELATIONSHIP: _____

_____ _____
CLIENT SIGNATURE DATE

_____ _____
STAFF WITNESS DATE

DATE	OUT TIME	IN TIME	CONTACT #	REASON FOR ABSENCE FROM SHELTER

Absence Sign In/Out Sheet

Date	Out time	In time	Contact Number	Reason for absence from shelter:	Form of Transportation (Bus, cab, personal car, friend, family etc.)	Client Initials	Absence Waiver Signed & on Client File	Staff Initials

Cell Phones and Children - Waiver

I HEREBY ACKNOWLEDGE THAT MY CHILDREN WILL ALWAYS COME FIRST BEFORE MY CELL PHONE AND SOCIAL MEDIA. I ACKNOWLEDGE THAT I WILL ONLY BE TOLD ONCE TO MIND MY CHILD(REN). IF I AM TOLD MORE THAN 3 TIMES BY STAFF, THIS MAY RESULT IN BEING ASKED TO LEAVE THE SHELTER FOR NOT FOLLOWING THE RULES.

First time: _____

Date: _____

Time: _____

Staff: _____

Second Time: _____

Date: _____

Time: _____

Staff:

Third Time: _____

Date: _____

Time: _____

Staff: _____

I, _____ hereby acknowledge that I agree with this, and the warnings, and that always my children come first.

PARENTAL SIGNATURE: _____ **DATE:** _____

STAFF WITNESS: _____ **DATE:** _____

Client Telephone Contact Sheet

CLIENT'S NAME: _____

DATE: _____

CALLER'S NAME	RELATIONSHIP / REASON	TELEPHONE #	DATE ADDED

Telephone Log Sheet

DATE: _____

CALLER'S NAME	RELATIONSHIP	REASON FOR CALL	TELEPHONE #	DATE ADDED

Departure Interview Form

DATE: _____

When you first contacted the shelter:

Was the Staff helpful? ☐Yes ☐ No

Were you provided with information about the services the shelter provides ☐ Yes ☐ No

Were you helped to settle in? ☐Yes ☐ No

If you answered no to any of the above, please explain:

_____

_____

_____

Was the staff available to meet with you while you were at the shelter? ☐Yes ☐ No

Did the shelter staff assist you with community contacts? ☐Yes ☐ No

Please check off which ones:

☐ Child and Family Services
☐ Health Services including Mental Health
☐ Education Providers
☐ Social Services
☐ Police
☐ Other (please list) : _____

_____

Was the shelter staff able to help you with all the contacts you wanted? ☐Yes ☐ No

If NO, what contacts were they NOT able to help you with? (Please check off)

☐ Child and Family Services
☐ Health Services
☐ Education Providers
☐ Social Services
☐ Police
☐ Other (please list) : _____

Which of the following types of service were you provided with while you were at the shelter?

☐ Information ☐ Training

☐ Child Care ☐ Legal Services

☐ Other (please specify): _____

_____

What services did you want to receive but were not available?

_____

_____

_____

Which of the services that you received were most helpful for you? Please explain

_____

_____

_____

Which of the services were **least** helpful for you? Please explain

_____

_____

_____

Did you feel physically safe while staying at the shelter? ☐Yes ☐ No

If NO please explain:

_____

_____

_____

What are your plans upon leaving the shelter? (Please check off at least one)

☐ Return to partner

☐ Live with family or friends

☐ Move to second stage home

☐ Live on your own

☐Other (please specify):

What services will you need to assist you in your community upon leaving the shelter?

Overall, please rate your satisfaction with the shelter (please check off one the following):

- ☐ Very Satisfied
- ☐ Somewhat satisfied
- ☐ Neither satisfied / not dissatisfied
- ☐ Somewhat unsatisfied
- ☐ Very unsatisfied

How can the shelter be improved?

Are there other comments about the shelter that you would like to make?

APPENDICES
SECTION 2: OPERATIONS AND ADMINISTRATION FORMS

a) Oath of Confidentiality

b) Intake and Assessment Form

c) Client Case Form

d) Incident Form

e) Residence Absence Form

f) Absence Form

Oath of confidentiality

I, _____ I am obligated by law to uphold this agreement between the shelter and myself to protect the privacy of clients, staff and any other agency that deals with the clients and staff of the shelter I also agree to the following terms below:

I will not release any information about clients in the shelter.

I will not release any information about the programs or sharing of information that I have participated in.

I will not release any information that pertains to staff members who are employed with the shelter.

I understand that the information shared with staff, and the outcome of the client's situation will stay confidential.

I, _____ fully understand and agree to honour the shelter Oath of Confidentiality. Failure to comply with this oath could result in disciplinary action towards myself, dismissal from duties and/or legal action made against me.

DATED AT _____ SASKATCHEWAN, THIS DAY _____ DAY OF

MONTH _____ ,20 _____.

_____ _____

STAFF SIGNATURE DATE

_____ _____

MANAGER SIGNATURE DATE

CLIENT PERSONAL INFORMATION

INTAKE DATE:	CLICK HERE TO ENTER A DATE.
STAFF ON DUTY:	

☐ NEW INTAKE ☐ FORMER RESIDENT ☐FORMER RESIDENT FILE NO:

MAIDEN NAME:		SURNAME:	
GIVEN NAMES:			
DO YOU RESIDE ON THE RESERVE?	☐ YES ☐ NO		
MAILING ADDRESS:			
PHYSICAL ADDRESS IF DIFFERENT FROM MAILING:			
PHONE NUMBER:	CELL:	WORK:	
DATE OF BIRTH	CLICK HERE TO ENTER A DATE.	AGE:	
HEALTH CARD NO.	000-000-000	PROVINCE:	SELECT PROVINCE
DRIVER LICENSE NO.		PROVINCE:	SELECT PROVINCE
BAND NAME		TREATY NUMBER:	

EMERGENCY CONTACTS

NEXT OF KIN: _____ PHONE #: _____
RELATIONSHIP: _____
OTHER CONTACT: _____ PHONE #: _____
RELATIONSHIP: _____
FAMILY DOCTOR: _____ PHONE #: _____

REASON FOR ADMISSION: Choose an item.

OTHER (PLEASE SPECIFY): _____

CLIENT DESCRIPTION

HEIGHT : _____ WEIGHT: _____ PHOTO ON FILE? ☐ YES ☐ NO
EYE COLOR: _____ HAIR COLOR: _____
DESCRIPTION (GLASSES, SCARS, TATTOOS) : _____

CAR DESCRIPTION

COLOR _____ MAKE: _____
MODEL: _____ LICENSE PLATE _____
YEAR: _____ PICTURE ON FILE? ☐ YES ☐ NO

WHAT IS YOUR MARITAL STATUS? CHOOSE AN ITEM.
OTHER (PLEASE SPECIFY):

WHAT IS YOUR SOURCE OF INCOME? CHOOSE AN ITEM.
OTHER (PLEASE SPECIFY):

IF ON PROVINCIAL SOCIAL ASSISTANCE, WHICH PROVINCIAL PROGRAM ARE YOU ON? **Choose an item.**
SOCIAL WORKER NAME & PHONE NUMBER:

YOU WILL NEED TO CONTACT YOUR SOCIAL WORKER TO LET THEM KNOW YOU ARE A RESIDENT OF OUR SHELTER.
DOES YOUR SOCIAL WORKER KNOW THAT YOU ARE IN A SHELTER? ☐ YES ☐ NO IF NOT, PROVIDE REASON

WHAT IS THE HIGHEST LEVEL OF EDUCATION COMPLETED? **Choose an item.**
OTHER (PLEASE SPECIFY):

WHAT SUPPORT SYSTEM DO YOU HAVE? (OTHERS THAT OFFER YOU POSITIVE SUPPORT EX: FAMILY, FRIENDS ETC.)

CHILD INFORMATION

ALL SECTIONS NEED TO BE COMPLETED IN FULL

DO YOU HAVE ANY CHILDREN? ☐ YES ☐ NO

CHILD'S NAME (FIRST & LAST)	BIRTH DATE	HEALTH CARD #	PROVINCE

CHILD'S FIRST NAME	AGE / SEX	CUSTODY SITUATION	WITH YOU IN THE SHELTER?
			☐YES ☐ NO
			☐YES ☐ NO
			☐YES ☐ NO

			☐YES ☐ NO
			☐YES ☐ NO
			☐YES ☐ NO
			☐YES ☐ NO

MEDICAL/ HEALTH INFORMATION

CLIENT'S/CHILD'S FIRST NAME	CURRENT ILLNESS	CHRONIC CONDITION	ALLERGIES

(MEDICATION INFORMATION SHOULD BE LISTED ON MEDICATION CHART)

DO YOU OR YOUR CHILD REQUIRE IMMEDIATE MEDICAL ATTENTION? ☐ YES ☐ NO
IF YES, PLEASE SPECIFY WHICH CHILD AND DESCRIBE THE REASON: _____

DO YOU OR YOUR CHILD (REN) HAVE ANY MENTAL OR PHYSICAL DISABILITIES? ☐YES ☐ NO
IF YES, PLEASE SPECIFY WHICH CHILD AND THE DISABILITY: _____

DO YOU OR YOUR CHILD (REN) HAVE ANY DRUG / ALCOHOL ISSUES? ☐YES ☐ NO
IF YES, PLEASE EXPLAIN: _____

PRIMARY ABUSER DATA

WHAT IS YOUR RELATIONSHIP TO THE PRIMARY ABUSER?

WHAT IS THE CHILDREN'S RELATIONSHIP TO THE PRIMARY ABUSER?

HAVE YOU OR YOUR CHILD (REN) BEEN ABUSED BY THIS PERSON IN THE PAST? ☐YES ☐ NO

IN THE PAST 12 MONTHS, HAS THE PRIMARY ABUSER THREATENED TO USE WEAPONS TO HARM THE CLIENT, CHILDREN, OR OTHERS? ☐ YES ☐ NO ☐ UNKNOWN

IN THE PAST 12MTHS HAS HE/SHE EVER ACTED ON THESE THREATS? ☐YES ☐ NO

IS THE PRIMARY ABUSER VIOLENT TOWARDS OTHERS? ☐YES ☐ NO ☐ UNKNOWN

CURRENT RISK FACTORS

DOES THE ABUSER HAVE A VIOLENT CRIMINAL RECORD? Choose an item.

DOES THE ABUSER HAVE ACCESS TO A WEAPON? Choose an item.

DOES THE ABUSER KNOW YOU ARE AT THE SHELTER? Choose an item.

HAS THE ABUSER BEEN KNOWN TO THREATEN/ HARM OTHERS? Choose an item.

WILL THE ABUSER BE LOOKING FOR YOU? Choose an item.

DOES THE ABUSER USE DRUGS OR ALCOHOL? Choose an item.

HAS THE VIOLENCE BEEN ESCALATING? Choose an item.

HAS THE ABUSER BEEN DIAGNOSED WITH MENTAL HEALTH ISSUES? Choose an item.

CURRENT RISK IS: 1 2 3 4 5 6 7 8

STAFF – EACH YES COUNTS AS A POINT ON THE CURRENT RISK SCALE – AN UNKNOWN IS CONSIDERED A YES

RISK TO CHILDREN

WHAT IS THE LEVEL OF CONTACT HE/SHE HAS WITH THE CHILDREN?

HAVE THE CHILD (REN) WITNESSED THE ABUSE? ☐YES ☐ NO IF YES, WHAT TYPE OF SUPPORT HAVE YOUR CHILD (REN) RECEIVED AFTER THE ABUSE TOOK PLACE?

INCIDENT OF ABUSE

WHEN AND WHERE DID THE ABUSE OCCUR?

PLEASE EXPLAIN THE SITUATION LEADING UP TO THE ABUSE:

WHAT DID YOU DO AFTER THE ABUSE?

WAS DRUGS OR ALCOHOL INVOLVED IN THE INCIDENT? ☐ YES ☐ NO ☐ N/A

IF YES HOW MUCH? YOU: ABUSER:

WAS A WEAPON USED DURING THE INCIDENT? ☐ YES ☐ NO

IF YES, WHAT TYPE OF WEAPON?

DID YOU CONTACT ANYONE AFTER THE ABUSE OCCURRED? ☐ YES ☐ NO

IF YES, WHOM DID YOU CONTACT?

DID ANYONE WITNESS THE ABUSE? ☐ YES ☐ NO

IF YES, WHO?

WERE CHARGES LAID AGAINST THE PRIMARY ABUSER? ☐ YES ☐ NO ☐ UNKNOWN

ARE YOU CURRENTLY LIVING WITH THIS PERSON? ☐ YES ☐ NO

DO YOU NEED TO RETURN HOME TO PICK UP CHILDREN OR BELONGINGS? ☐ YES ☐ NO

IF YES, PLEASE EXPLAIN:

DO YOU NEED SOMEONE TO ACCOMPANY YOU, SUCH AS THE POLICE? ☐ YES ☐ NO

WHAT TYPE OF POLICE INTERVENTION HAS THERE ALREADY BEEN IN CONNECTION WITH THIS INCIDENT? Choose an item.

OTHER (PLEASE EXPLAIN)

WAS POLICE INTERVENTION REQUESTED IN THE PAST? ☐ YES ☐ NO

IF YES, PLEASE SPECIFY DETAILS:

HAVE YOU OR YOUR CHILD (REN) BEEN ABUSED IN THE PAST FROM SOMEONE ELSE? ☐ YES ☐ NO

IF YES, PLEASE EXPLAIN:

LEGAL INFORMATION

DO YOU HAVE ANY OF THE FOLLOWING AGAINST THE CURRENT ABUSER? Choose an item.

OTHER (PLEASE SPECIFY):

WOULD YOU LIKE INFORMATION ON ANY OF THESE LEGAL SERVICES? ☐ YES ☐ NO

DO YOU HAVE A CRIMINAL RECORD? ☐ YES ☐ NO (FOR SHELTER PURPOSES ONLY)

IF YES, PLEASE EXPLAIN CONVICTION(S)

DO YOU HAVE OUTSTANDING WARRANTS AGAINST YOU? ☐ YES ☐ NO

IF YES, PLEASE EXPLAIN: _____

SHELTER RULES/ INFORMATION

(SHELTER) RESIDENT: PLEASE INITIAL IF THE FOLLOWING STATEMENTS ARE TRUE:

THE CLIENT WAS MADE AWARE OF THE SHELTER RULES & INTAKE PACKAGE

CLIENT INITIALS: _____ STAFF INITIALS: _____

THE CLIENT SIGNED THE CONFIDENTIALITY AND LIABILITY FORMS

CLIENT INITIALS: _____ STAFF INITIALS: _____

THE CLIENT SIGNED THE RELEASE OF INFORMATION FORM

CLIENT INITIALS: _____ STAFF INITIALS: _____

THE CLIENT'S CHILD (REN) WERE MADE AWARE OF SHELTER RULES AND AGREE TO ABIDE.

CLIENT INITIALS: _____ STAFF INITIALS: _____

I, _____ AM A RESIDENT OF (SHELTER NAME) AS OF THE _____ DAY OF MONTH _____ ,20 ____

_____ _____

CLIENT SIGNATURE DATE

_____ _____

STAFF WITNESS DATE

Client Case Plan

Client Name: _____
Date: _____
Follow up date: _____

What areas do you consider a challenge(s) in your life? Check all that apply.

- ☐ Alcohol
- ☐ Drug Abuse
- ☐ Sexual Abuse
- ☐ Anger Issues
- ☐ Unresolved Grief
- ☐ Residential School Trauma
- ☐ Suicidal
- ☐ Physical Abuse
- ☐ Abandonment Issues
- ☐ Separation/Divorce
- ☐ Parenting
- ☐ Employment/Education
- ☐ Children in Care
- ☐ Depression
- ☐ Health
- ☐ Trust
- ☐ Self-Esteem
- ☐ Legal Problems
- ☐ Spiritual
- ☐ Cultural
- ☐ Body Image
- ☐ Eating Disorder
- ☐ Other, Please list:

What other professional services in the community are you in contact with?

- ☐ Child & Family Services Agency
- ☐ Mental Health
- ☐ Social Services
- ☐ Legal Services
- ☐ Rehabilitation
- ☐ Spiritual
- ☐ Cultural Teachings
- ☐ Victim Assistance Program
- ☐ Other:

Do you have experience with the following?

- ☐ Cooking
- ☐ Grocery shopping
- ☐ Cleaning
- ☐ Laundry
- ☐ Applying for jobs
- ☐ Applying for school
- ☐ Problem Solving
- ☐ How to Budget
- ☐ Coping Skills
- ☐ Information on Abuse
- ☐ Other, Please List:

Level of Education: _____

Do you plan on continuing Education? _____

Do you plan on looking for work? _____

What type of Work or School program are you interested in?

What type of support do you need to help assist in finding work or school?

What types of mental and emotional support do you need for yourself? Your child(ren), if applicable, to help you deal with your current abuse situation?

What types of cultural or religious support do you or your child(ren) need, if applicable, to help you deal with your current abuse situation?

What are some of your short term goals?

What are some of your long term goals?

What types of support or tools do you need to achieve these goals?

Individual case planning notes

Client's Name: _____

Date: _____

Incident Form

Date: _____

Time: _____

Location: _____

Name of Staff reported to: _____

Description of what happened: _____

Immediate action taken: _____

For Internal Purposes Only:			
Action taken to investigate the Incident:			
Cause of Incident:			
Action required to prevent reoccurrence:			
Follow up Date:		Closure Date:	
Director Signature:			

Resident Absence Plan

Date: _____

Resident Number: _____

Risk Assessment Rating: _____

For safety reasons, I will help the shelter develop a plan in the event I and/or my child(ren) become absent without notice:

Person to contact: _____

First Name: _____ Last Name: _____

Telephone: _____ Cell phone: _____

Address: _____

Description of person: (scars, tattoos, etc.): _____

_____

_____

_____

_____

_____ _____

CLIENT SIGNATURE DATE

_____ _____

STAFF WITNESS DATE

Absence Form

I hereby waive all obligation and responsibility of the _____while interim/ away from the shelter.

I, _____ hereby waive the staff of the shelter of any legal responsibility of personal and familial injury or death caused during my Leave.

I, _____ have been informed and fully understand the terms and conditions of Absence from the shelter such as being required to check in the with sif my pass time exceeds the 4 hours, agree to a absence action plan based on my case file with the the shelter and a mandatory requirement to sign out/sign in along with providing contact information or whereabouts while leaving the shelter for any time period.

I understand that each visit pass is limited to 4 hours. If, I the client, is not heard from in the 4 hour period, the shelter reserves the right to implement the absence action plan or contact the local R.C.M.P.

CLIENT SIGNATURE	DATE
STAFF WITNESS	DATE

APPENDICES
SECTION 3: HEALTH AND SAFETY FORMS

a) Safety Plan

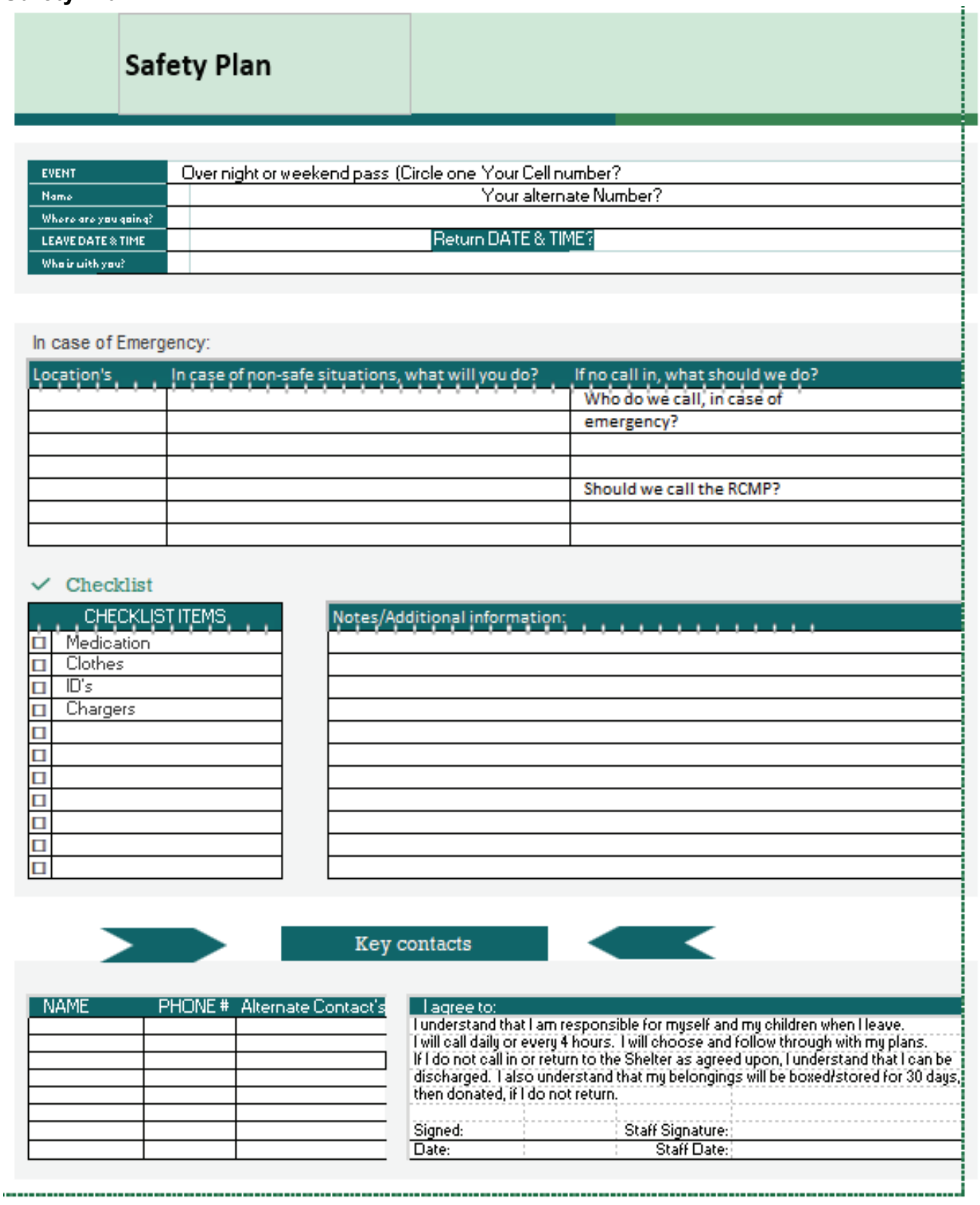
b) Injury Flag Sheet

c) Distress Calls

d) Medication Chart

e) Recreation Waiver Form

Safety Plan



Safety Plan

EVENT	Over night or weekend pass (Circle one Your Cell number?
Name	Your alternate Number?
Where are you going?	
LEAVE DATE & TIME	Return DATE & TIME?
Who is with you?	

In case of Emergency:

Location's	In case of non-safe situations, what will you do?	If no call in, what should we do?
		Who do we call, in case of
		emergency?
		Should we call the RCMP?

✓ Checklist

	CHECKLIST ITEMS
☐	Medication
☐	Clothes
☐	ID's
☐	Chargers
☐	
☐	
☐	
☐	
☐	
☐	
☐	

Notes/Additional information:

Key contacts

NAME	PHONE #	Alternate Contact's

I agree to:			
I understand that I am responsible for myself and my children when I leave. I will call daily or every 4 hours. I will choose and follow through with my plans. If I do not call in or return to the Shelter as agreed upon, I understand that I can be discharged. I also understand that my belongings will be boxed/stored for 30 days, then donated, if I do not return.			
Signed:		Staff Signature:	
Date:		Staff Date:	

Injury Flag Sheet

Client Name: _____

Date of Admission: _____

Injury Diagram included: ☐ Yes ☐ No

Medical Attention Received: _____

Name and Place where medical attention was received: _____

Date: _____

Type of medical attention received: (example x-rays, scans, blood work etc.)

_____

_____

_____

Medication Given: _____

Who caused the injury(ies)? _____

Police involvement: ☐ Yes ☐ No

Name and Badge numbers of officers called: _____

Reason police were called: _____

_____

_____

Outcome of police involvement: _____

_____

_____

Specific past history of injuries: _____

_____

_____

_____

_____

_____

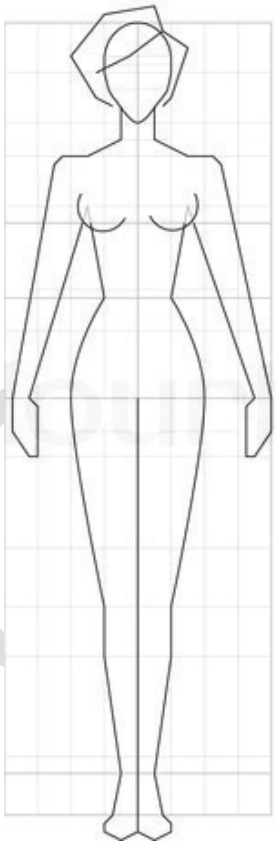
_____

ADULT INJURY FLAG SHEET

As best as possible indicate where injury is located and cause

CLIENT'S NAME: _____

DATE: _____



_____

_____

_____

_____

_____

_____

_____

_____

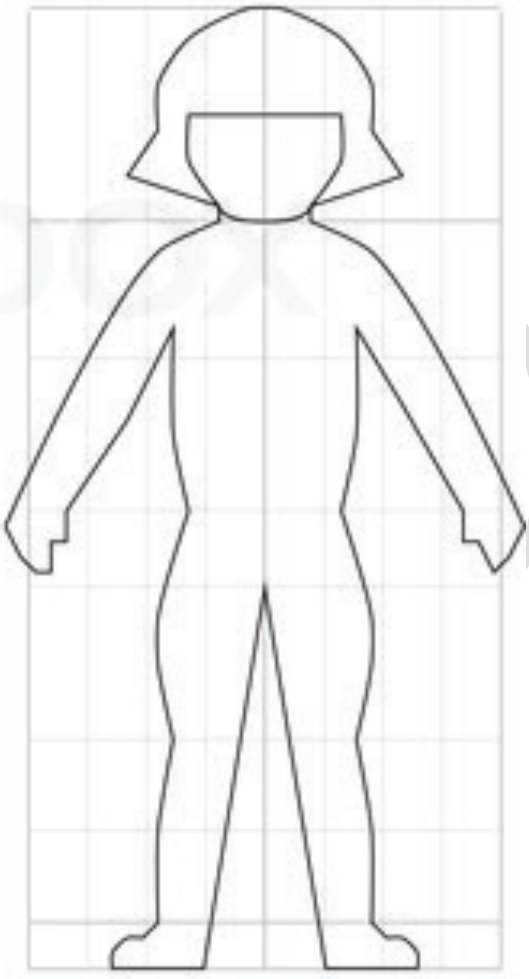
_____

CHILD INJURY FLAG SHEET

As best as possible indicate where injury is located and cause

CLIENT'S NAME: _____

DATE: _____



Distress Calls

Date: _____ Time: _____ Staff: _____

Name of Caller: _____ Phone: _____

Can we call this number? ☐Yes ☐ No Are you in a safe place? ☐Yes ☐ No

Are you able to speak freely? ☐Yes ☐ No Where are you calling from?

Were you ever in a shelter before? If so, which shelter? _____

Nature of Call

Fear of Safety? ☐Yes ☐ No For Self ☐ For Child(ren) ☐

Nature of Abuse Choose an item.

Length of Abuse/Frequency: _____

Decided to leave spouse/family/abuser? Choose an item.

Are you awaiting a place elsewhere or a transfer? Choose an item.

Were you released from treatment? Choose an item.

All Information regarding current situation; state the nature of the abuse. any injuries?

_____

_____

Is Medical attention required? Choose an item.

Were you released from the hospital? Choose an item.

Is there police involvement? Choose an item.

Were you referred here? Choose an item.

Referred from: (Ex. Victim services, doctor, clinic, police, other shelter, family) _____

Are there any current medical issues that the shelter should be aware of? _____

_____

Admission Decision: Choose an item. End time of Call:

Inappropriate referral: Choose an item. REFERRED TO:

CALL BACK DATE:

COMMENTS:

Client was informed of 3 day assessment period & 24 hour hold on room? ☐ Yes ☐ No

Medication Chart

Over the counter drugs will be given as directed, all medication prescribed by your doctor/OTC will be administered by (Shelter Name) Staff. Only the prescribed dosage will be given at any time. Staff is required to fill out Medication Chart and clients will need to initial upon intake of medication.

Client's Name: _____

Date: _____

Medication Name	Doctor Medication was prescribed from?	Quantity (how much liquid or # of capsules)	Dosage	How many times per day?

Date:	Time:	Medication taken	Dosage	Reason for Medication	Client Initials	Staff Initials

Disclaimer: I hereby waive all responsibility of (Shelter Name) staff regarding the administration of medication which has been prescribed by my physician or over the counter medication.

_____ _____

CLIENT SIGNATURE **DATE**

_____ _____

STAFF WITNESS **DATE:**

Recreatoinal waiver

I, _____ hereby waive the shelter of any legal responsibility of personal or familial injury or death caused by the use or participation of recreational equipment or activities while _____ is a resident of the shelter.

I fully understand how to operate the equipment and will abide by the rules provided to me by (Shelter Name).

CLIENT SIGNATURE / PARENT/ GUARDIAN	DATE
STAFF WITNESS	DATE

APPENDICES
SECTION 4: EVALUATION FORMS

a) Evaluation Form

b) Referral Form

c) Client Departure Form

d) Complaint Form

Evaluation Form

DATE: _____

WHEN YOU FIRST CONTACTED THE SHELTER:

WAS THE STAFF HELPFUL? ☐ **YES** ☐ **NO**

WERE YOU PROVIDED WITH INFORMATION ABOUT THE SERVICES THE SHELTER PROVIDES ☐ **YES** ☐ **NO**

WERE YOU HELPED TO SETTLE IN? ☐ **YES** ☐ **NO**

IF YOU ANSWERED NO TO ANY OF THE ABOVE, PLEASE EXPLAIN: _____

_____

_____

_____

WAS THE STAFF AVAILABLE TO MEET WITH YOU WHILE YOU WERE AT THE SHELTER? ☐ **YES** ☐ **NO**

DID THE SHELTER STAFF ASSIST YOU WITH COMMUNITY CONTACTS? ☐ **YES** ☐ **NO**

PLEASE CHECK OFF WHICH ONES:

☐ **CHILD AND FAMILY SERVICES** ☐ **HEALTH SERVICES**

☐ **EDUCATION PROVIDERS** ☐ **SOCIAL SERVICES**

☐ **POLICE**

☐ **OTHER (PLEASE LIST) :** _____

_____

WAS THE SHELTER STAFF ABLE TO HELP YOU WITH ALL THE CONTACTS YOU WANTED? ☐ **YES** ☐ **NO**

IF NO, WHAT CONTACTS WERE THEY NOT ABLE TO HELP YOU WITH? (PLEASE CHECK OFF)

☐ **CHILD AND FAMILY SERVICES** ☐ **HEALTH SERVICES**

☐ **EDUCATION PROVIDERS** ☐ **SOCIAL SERVICES**

☐ **POLICE**

☐ **OTHER (PLEASE LIST) :** _____

_____

WHICH OF THE FOLLOWING TYPES OF SERVICE WERE YOU PROVIDED WITH WHILE YOU WERE AT THE SHELTER?

- ☐ **Information**
- ☐ **Training**
- ☐ **Child Care**
- ☐ **Legal Services**
- ☐ **Other (please specify):** _____

_____

WHAT SERVICES DID YOU WANT TO RECEIVE BUT WERE NOT AVAILABLE?

_____

_____

_____

WHICH OF THE SERVICES THAT YOU RECEIVED WERE MOST HELPFUL FOR YOU? PLEASE EXPLAIN

_____

_____

_____

WHICH OF THE SERVICES WERE LEAST HELPFUL FOR YOU? PLEASE EXPLAIN

_____

_____

_____

DID YOU FEEL PHYSICALLY SAFE WHILE STAYING AT THE SHELTER? ☐ **YES** ☐ **NO**
IF NO PLEASE EXPLAIN:

_____

_____

_____

WHAT ARE YOUR PLANS UPON LEAVING THE SHELTER? (PLEASE CHECK OFF AT LEAST ONE)

- ☐ **RETURN TO PARTNER**
- ☐ **LIVE WITH FAMILY OR FRIENDS**
- ☐ **MOVE TO SECOND STAGE HOME**
- ☐ **LIVE ON YOUR OWN**
- ☐ **OTHER (PLEASE SPECIFY):**

WHAT SERVICES WILL YOU NEED TO ASSIST YOU IN YOUR COMMUNITY UPON LEAVING THE SHELTER?

PLEASE EXPLAIN:

OVERALL, PLEASE RATE YOUR SATISFACTION WITH THE SHELTER (PLEASE CHECK OFF ONE THE FOLLOWING):

- ☐ **VERY SATISFIED**
- ☐ **SOMEWHAT SATISFIED**
- ☐ **NEITHER SATISFIED / NOT DISSATISFIED**
- ☐ **SOMEWHAT UNSATISFIED**
- ☐ **VERY UNSATISFIED**

HOW CAN THE SHELTER BE IMPROVED?

PLEASE EXPLAIN:

ARE THERE OTHER COMMENTS ABOUT THE SHELTER THAT YOU WOULD LIKE TO MAKE?

Referral Form

Date: _____

Client Name: _____ D.O.B: _____

Hospitalization no: _____ Band Name: _____

Treaty Number: _____ Phone number: _____

Child's (children's) Name	Hospitalization number	Date of Birth	Age	Sex

Program Referred to: _____

Reason for Referral: _____

_____

_____

_____

_____

_____

_____

_____ _____

CLIENT SIGNATURE DATE

_____ _____

STAFF WITNESS DATE

Client Departure Summary

Name:		Resident File No:	
DATE OF BIRTH			
DATE:			

Departure Status

☐ WITH STAFF APPROVAL	☐ AT STAFF REQUEST	☐ AGAINST STAFF APPROVAL	☐ TRANSFER TO ANOTHER PROGRAM	☐ AT CLIENT REQUEST

FORWARDING INFORMATION:	
ADDRESS:	
TELEPHONE:	

EVALUATION OF PROGRESS:

DEPARTURE PLAN:

PROBLEMS PRESENT AT DEPARTURE:

CLIENT SIGNATURE _____ DATE _____

STAFF WITNESS _____ DATE _____

Complaint Form

Date: _____
Time: _____
Location: _____
Name of Staff reported to: _____

Description of what happened: _____

Immediate action taken: _____

For Internal Purposes Only:			
Action taken to investigate the complaint:			
Cause of Complaint:			
Action required to prevent reoccurrence:			
Follow up Date:		Closure Date:	
Director Signature:			

The development of this document was coordinated and facilitated by the
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