

Registration Information:

1. Is your child being referred by another agency or person? Yes / No
If so, please list referring agency or person: _____
Why is your child being referred to Opokaa'sin? _____
2. How can Opokaa'sin help your child? What are your expectations/outcomes?

3. When would you like your child to begin the program/service? _____
4. Please name the person/s authorized to pick up your child from the program?

5. Does your child require transportation to the program after school? Yes / No
6. What school does your child attend? _____

7. Do you agree to be an active participant/support in delivery of various programs and services offered through Opokaa'sin, such as Volunteering, fund-raising events e.t.c.

Yes or No?

Parent Signature: _____ Date: _____

Opokaa'sin Mission:

'Opokaa'sin exists to strengthen support and empower First Nations people and the community through advocating, educating and nurturing pride of First Nations culture'.

CONSENT FORM

I am aware of Opokaa’sin Early Intervention Society and its mission statement to carry out its goals and objectives. I also understand the amount of participation that is required from myself to have my child/children to participate in the program. I also understand that I may need to participate in some of the programs in order to make them effective and build upon for both myself and my child/children.

BENEFITS AND RISKS

I understand that there are benefits and risks which may occur in the program such as the counseling which may recall some unpleasant events which may arise in strong emotional feelings. The benefit of this counseling may include: an approved ability to cope with both relationships with family and friends and with other pressures. I understand that I may gain a better understanding of not only my child/children, but also myself, our goals and values together with greater personal growth.

INITIAL _____

ELIGIBILITY

I understand that in order for my child/children to participate, I need to sign the consent form to allow Opokaa’sin to work with my family along with myself. If there has been any work or testing done on the child/children, I need to share this with Opokaa’sin to help continue to build upon. If there are any meetings called to assess the development of the child/children or any other concerns that may arise, I attend those meetings when requested.

INITIAL _____

RELEASE OF INFORMATION

I also grant permission to Opokaa’sin to release relevant information (pertaining to my children) for the purpose of delivering the best possible service.

I have had the opportunity to read the above and discuss any questions I have about the information. I fully understand all of the above including possible benefits and risks.

INITIAL _____

MEDICAL RELEASE

I grant permission in the case of an accident, for my child(ren) to receive immediate medical attention and Opokaa’sin Early Intervention Society to act on my behalf.

INITIAL _____

AUDIO AND VIDEO RECORDING:

The use of audio and / or visual recording methods for diagnostic, therapeutic or training purposes occurs only with full knowledge of the purpose by the client and guardian and with their written approval. The written approval will describe the intended use of the recording.

INITIAL _____

RIGHTS TO AN ABORIGINAL PERSON

I am aware that Opokaa’sin EIS, as an aboriginal society will follow the integrity of its culture, values, language, beliefs, principles and ceremonial practices for the empowerment of children, families, individuals, communities and agencies. Opokaa’sin Early Intervention Society provides and ensures that all clients have the right to access approved agency elders and spiritual leader to assist in First Nations children and family cultural/ personal development leading to a better quality of life.

Parent/Guardian Signature

Date

Name of Child(ren)

Program Coordinator/Date



CLIENT RIGHTS

File Name: _____

Opokaa'sin Early Intervention Society shall provide the following so that every client's rights are protected:

- The right to access an Aboriginal Resource Person.
- The right to services that respect your values and strengths as a family.
- The right to decide your involvement and participation in the program.
- The right to participate in the development of an Intervention Plan to support you and your family.
- The right to confidentiality of records.
- The right to correct information in your file.
- The right of access, upon written request, your own records.
- The right to referral to other community agencies at any time.
- The right to give feedback about the program's services and support.
- The right to file a formal grievance.
- The right to decline service.

I have reviewed the above with my Opokaa'sin Worker and understand my rights as outlined.

Client Signature

Date

Parent/Guardian/Caregiver

Date

Copy sent to Parent/Guardian.

Opokaa'sin Early Intervention Society Client Grievance Procedure

5.4.1 Grievances

All clients have the right to file or lodge a grievance against the employee or the agency. All grievances filed with the agency or employee are investigated, responded to, and documented in a timely fashion.

A grievance is defined as the dissatisfaction which a client feels, when he/she believes, rightly or wrongly that he/she has not been treated fairly or when he/she believes a mistake has been made in the administration of a rule, or agency policy.

The following graduated steps in the grievance procedure may be terminated at any stage where a resolution of the problem or an agreement is reached. Except in cases of suspension or termination the individual will continue to perform his/her duties throughout all stages of the grievance procedure.

1. The individual involved (client) will seek to settle the dispute through a discussion with his/her immediate worker within five (5) working days of the misunderstanding or violation.

If the dispute is not satisfactorily resolved at this level it becomes a grievance and advances to next level.

2. The individual (client) can then lodge a grievance with their workers supervisor within five (5) working days after the above discussion (s). This shall be documented in written form by the supervisor and contain; the nature of the grievance, the clause claimed to have violated redress sought, and any other appropriate and relevant information.
3. If the client still does not feel the grievance has been dealt with satisfactorily, then the grievance will go to the Executive Director. The Executive Director shall acknowledge the documentation of grievance within five (5) working days and shall forward a copy of the agency's grievance policy to the griever. The Executive Director shall conduct an investigation and shall make his/her position known to the griever in writing within twenty (20) working days of receipt of the letter.
4. If the grievance is not resolved to satisfaction of the aggrieved at this level, the Executive Director shall provide the individual with the name and address of the Children's Advocate (if applicable), as well as the Chairperson of the Opokaa'sin board of Directors. The individual's grievance will be submitted to the Board of Directors within five (5) working days.

Staff will assist clients at all levels of the grievance within reason. Any assistance in communicating the grievance in a fair and just way shall be facilitated in a timely manner. The client's access to supports during this process is encouraged (extended family members, elders, any natural supports/advocates).

I have reviewed and understand the Opokaa'sin Early Intervention Society Grievance procedure and have received a copy of the procedure.

Print Name

Signature

Date

**CONSENT FOR ADMISSION TO SERVICES
INFORMATION SHEET FOR CHILDREN**

I understand that I am provided a service by the program (Early Intervention Youth Mentorship) with,

Opokaa'sin Early Intervention Society,
Suite 404-909, 3rd Avenue North
Lethbridge Alberta,
T1H 0H5

At the request of _____.
(Parent/Guardian)

If I have any questions, concerns or ideas concerning my service plan and/or progress while in this program, I understand that I can contact, the **Early Intervention Team Leader**, of this program.

I also understand that for the program to evaluate how effective it has been in providing my service, certain information is required. This involves collecting information about me on a computer database called the Hull Outcome Monitoring and Evaluation system (HOMES).

My Information will be collected along with any others receiving this service and this will become what is called group information. When using this group information, I understand that any identifying information such as my name, address etc. will be erased so no one knows any information about my service was included in the group information. The group information will also be added to information from other similar services from other towns and cities to help discover how different services work. This discovery is called the best practice research.

If I wish to see the information about me in the database, I can ask the Early Intervention Team Leader.

If I do not want people within this program to collect information about me, I understand that I must tell the people from the program so that they will follow my wishes.

CONSENT FOR ADMISSION TO SERVICES

At the request of _____.
(Parent / Guardian)

Opokaa’sin Early Intervention Society, accepts, _____
(Child/Youth)

into the Early Intervention Youth Mentorship Program, on this date, ____/____/____.

The specific components of service will be determined in full partnership with the child and the child’s parents/legal guardians. The consent of the Parent/Legal Guardian is required for the proposed Client Service Plan. The consent of the child is highly desirable and will be required in most cases. The service plan and progress will be reviewed at the request of the child, family or any team member, and routinely every ____ days.

_____, as Parent/legal guardian, will be responsible for all medical, dental and optical expenses over and above that which is paid for by Alberta Health Care.

Any questions, concerns or ideas about _____ service plan and / or progress can be directed to the **Early Intervention Team Leader**.

I understand that as a part of services with the Agency, information will be collected at various points of intervention and will be entered into a computer database, the Hull Outcome Monitoring and Evaluations System (HOMES) for program evaluation purposes. Specific identifying information regarding the above client will not be distributed without informed consent. Some data will be grouped together and analyzed (without identifying information) so that program evaluation reports may be created to comply with the Alberta Association of Services for Children and Families (AASCF) and government standards; in these cases client anonymity will be guaranteed. This data may also be used for research to help determine best practices with specific service areas or to help determine effective ways to deal with specific client related problems. I understand that research for such purposed requires ethical approval of the HOMES-Muttart Research Project Ethics Committee and approval of Southwest Alberta Child and Family Services. In all cases of data aggregation and analyses, data concerning this service will be grouped with other information, kept anonymous, and all identifying information will be removed.

Access to client files can occur through the Freedom of Information and Protection of Privacy Act or through request to view the files at the Agency.

I have read and understand the “CONSENT FOR ADMISSION TO SERVICES”

Date; _____

Please print and sign name

Parent : _____

Signature: _____

Child: _____

Signature: _____

Witness: _____

Title: _____



Client Access to Files

Clients have the right to access their own files with the exception in the event that some information is in conflict with the service plan and / or professional assessments that are deemed confidential.

All information penned by the agency will be available for the clients viewing;

1. Access to information will be gained once a written request has been obtained
2. Director has had time to review the file to remove documentation that is to be vetted. This includes any documentation in which a third party has not given to consent to release.
 - Information received for the clients file from another agency and/or service provider
3. Director will schedule a time and date to have the client come in to observe his or her file in the presence of the Program Supervisor.

I understand my rights regarding access to my file at Opokaa'sin

Signed: _____

Printed Name: _____

Date: _____

INFORMATION RELEASE/EXCHANGE FORM

I, _____, hereby give my permission to
_____ of Opokaa'sin Early Intervention Society:

Please check the appropriate choice:

Release the following information _____

Exchange the following information _____

to _____ of _____

for the purpose of:

This authorization is valid from _____ to _____

Signed: _____

Date: _____

Witness: _____

Date: _____

Complete a new form for each request.

CONSENT FOR PICK-UP

Date: _____

I, _____ do authorize Opokaa'sin Early Intervention Society youth mentor to pick up my
(Please Print)

Child _____.

To participate in their youth mentorship program I realize that I am responsible for contacting Opokaa'sin in the event that my child will not be attending on the assigned days. I am also responsible for informing my child's school of the arrangements made with Opokaa'sin.

I am aware that the agency is not responsible for any loss or damages that may occur during the activity, I am also aware that if my child has special transportation needs these will not be provided by this agency and alternate arrangements /costs will have to be made by the parent/guardian.

For the children participating, we need the following information:

CHILDS NAME _____

GRADE _____

AGE _____

SCHOOL _____

PHONE NUMBER _____

ADDRESS _____

DISMISSAL TIME: _____

PARENTS NAME _____

SIGNATURE _____

Signed at _____ this _____ day of _____ 2007.

Witness _____ Date _____
