

Date of Intake

PARTICIPANT INFORMATION

Preferred Name (first, middle, last)			
Legal Name (first, middle, last)			
Pronouns	<input type="checkbox"/> she/her/hers	<input type="checkbox"/> he/him/his	<input type="checkbox"/> they/them/theirs
	<input type="checkbox"/> other		
If other, please describe			
Date of Birth (mm/dd/yyyy)		Age	
Address			
Address Type	<input type="checkbox"/> Emergency shelter	<input type="checkbox"/> Foster care	<input type="checkbox"/> Group home
	<input type="checkbox"/> Kinship care	<input type="checkbox"/> Last permanent address	<input type="checkbox"/> No fixed address
	<input type="checkbox"/> Staying with family or friends	<input type="checkbox"/> Work	<input type="checkbox"/> Other:
Phone Number			
Phone Type	<input type="checkbox"/> Cell – call and text/SMS	<input type="checkbox"/> Cell – call only	<input type="checkbox"/> Emergency
	<input type="checkbox"/> Home	<input type="checkbox"/> Work	<input type="checkbox"/> Other:
Email			
Email Type	<input type="checkbox"/> Personal	<input type="checkbox"/> Work	<input type="checkbox"/> Other:
Additional comments related to contacting participant (i.e., preference on contact, social media handles, etc.)			
Would you like to receive our monthly calendar?			
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

EMERGENCY CONTACT INFORMATION
Who to contact in the event we cannot reach the spouse, parent, or guardian of the program participant?

Name (first, middle, last)				<input type="checkbox"/> If participant is a child/youth, this contact is also authorized to pickup.
Relationship to Participant				
Address (optional)				
Phone Number	Home	Cell	Other	
Email (optional)				

SAFETY INFORMATION

Does the program participant have any allergies or medical conditions (including behavioural needs) that we might need to respond to while we are together or during program?		
<input type="checkbox"/> Yes	If yes, tell us more about that:	<input type="checkbox"/> No
Does the program participant have dietary restrictions?		
<input type="checkbox"/> Yes	If yes, please provide more details:	<input type="checkbox"/> No
Does the program participant have any legal no-contact orders (i.e., restraining orders) or other restrictions on contact we should be aware of?		
<input type="checkbox"/> Yes	If yes, please provide details:	<input type="checkbox"/> No
Are there any current safety concerns the program/worker should be aware of? Check all that apply.		
<input type="checkbox"/> No safety concerns	<input type="checkbox"/> Interpersonal risk (gangs/family violence/safety)	<input type="checkbox"/> Personal risk (substance use/self harm/suicidal ideation/ criminal activity)
<input type="checkbox"/> Other concerns:		

If Trellis staff visit the home as a part of the program:

- Other people in the home
- Environmental (pets, smoking, home in disrepair, bed bugs, weapons, cough/cold/flu, etc.)

If you selected any of the above, please tell us more:

PARTICIPANT DEMOGRAPHIC INFORMATION

Information on the program participant's gender identity, pronouns, ethnic background, and immigration status are being collected to ensure that our organization provides equitable service to all members of the community and to ensure that our organization provides the best supports to you. We use this information in our internal data collection and program evaluation processes to ensure we are meeting the needs of gender and culturally diverse people in our community and are meeting our goals to support and further reconciliation. Sharing this information with our organization will not prevent you from receiving services or be a cause for discharge.

How does the program participant describe their gender identity?				
<input type="checkbox"/> man/boy/male	<input type="checkbox"/> woman/girl/female	<input type="checkbox"/> transgender	<input type="checkbox"/> trans man	<input type="checkbox"/> trans woman
<input type="checkbox"/> nonbinary	<input type="checkbox"/> Two-Spirit	<input type="checkbox"/> cisgender	<input type="checkbox"/> genderless	<input type="checkbox"/> agender
<input type="checkbox"/> gender queer	<input type="checkbox"/> intersex	<input type="checkbox"/> genderfluid	<input type="checkbox"/> androgynous	<input type="checkbox"/> gender non-conforming
<input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Self-identify (please describe):			
How does the program participant describe their ethnic identit(ies)? Please select as many as apply.				
<input type="checkbox"/> Indigenous (First Nations, Metis, Inuit)	<input type="checkbox"/> North American (Canada/US)	<input type="checkbox"/> Black	<input type="checkbox"/> Latin American	<input type="checkbox"/> Caribbean
<input type="checkbox"/> Middle Eastern	<input type="checkbox"/> East Asian	<input type="checkbox"/> South Asian	<input type="checkbox"/> Southeast Asian	<input type="checkbox"/> Pacific Islander
<input type="checkbox"/> North African	<input type="checkbox"/> East African	<input type="checkbox"/> Central African	<input type="checkbox"/> West African	<input type="checkbox"/> Southern African
<input type="checkbox"/> Western European	<input type="checkbox"/> Eastern European	<input type="checkbox"/> Central Asian		
<input type="checkbox"/> Self-identify:		<input type="checkbox"/> Unsure or don't know		<input type="checkbox"/> Prefer not to answer
What is the program participant's immigration status?				
<input type="checkbox"/> Canadian Citizen		<input type="checkbox"/> Permanent Resident (Landed Immigrant)		<input type="checkbox"/> Permanent Resident (Refugee)
<input type="checkbox"/> Refugee Claimant		<input type="checkbox"/> Temporary Foreign Worker		<input type="checkbox"/> International Student
<input type="checkbox"/> Visitor		<input type="checkbox"/> Unknown		<input type="checkbox"/> Prefer not to answer
IF PR, FOSS/UCI # ISREQUIRED:				
How many years has the program participant lived in Canada?				
<input type="checkbox"/> Not applicable – Born in Canada		<input type="checkbox"/> # of years: _____		
Is the participant an English Language Learner/speak English as a second language?				
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to answer		
What is the language the program participant feels most comfortable communicating in?				
<input type="checkbox"/> English		<input type="checkbox"/> Arabic		<input type="checkbox"/> French
<input type="checkbox"/> Punjabi		<input type="checkbox"/> Spanish		<input type="checkbox"/> Tagalog
<input type="checkbox"/> Urdu		<input type="checkbox"/> An Indigenous language		<input type="checkbox"/> Other: _____
Does the program participant need a translator? <input type="checkbox"/> Yes <input type="checkbox"/> No				

TRELLIS

How did you hear about Trellis?	
<input type="checkbox"/> Placement table (CS, CAA)	<input type="checkbox"/> Government agency (AB Works, CS, Justice)
<input type="checkbox"/> School (teacher, counsellor, coach, etc.)	<input type="checkbox"/> Community agency or other non-profit
<input type="checkbox"/> Other Trellis (BGCC/Aspen) program	<input type="checkbox"/> 211 or other information hub
<input type="checkbox"/> Social media	<input type="checkbox"/> Online (Google search)
<input type="checkbox"/> Word of mouth/existing client	<input type="checkbox"/> Signs/advertisements
<input type="checkbox"/> Other:	<input type="checkbox"/> Don't remember or prefer not to answer

ADMISSION AGREEMENT/RIGHTS ADVISORY

 Primary Client/Participant First/Given
 Name (Legal)

 Middle Name

 Last Name/Surname (Legal)

 Secondary Client/Participant
 First/Given Name (Legal)

 Middle Name

 Last Name/Surname (Legal)

Trellis takes a wraparound approach to services. This consent form provides the above client/participant access to all programs at Trellis Society for Community Impact (Trellis) as of: _____.

As part of your intake today, you will receive a program handbook with additional details about the program and your rights as a client/participant. If you join additional programs, information specific to that program/service will be provided in a program handbook.

UNIVERSAL RIGHTS AND CONSENTS (applicable for all programs)

All clients/participants at Trellis are supported and encouraged to know their rights and be fully informed as to their meaning and process. A description of your rights and the consents required to participate in Trellis programs follows.

Right to Dignity and Respect – It is your right to be treated with dignity and respect at all times by Trellis employees/volunteers/contractors. Initials: _____

Right to be Supported in Diversity, Safety, and Wellbeing – You will be respected for your individuality and supported in your overall wellbeing, including all aspects of your unique identity. Initials: _____

Right to Indigenous / Cultural / Spiritual / LGBTQ2S+ Resources – It is your right to be connected with an organization, resource, or leader from your cultural, spiritual, or other specific community. Please tell your Trellis worker or program staff if you wish to be connected to such a resource. Initials: _____

Right to access options to Connect/Reconnect with Natural Supports – Trellis believes that your connection to family, friends and other important people is a key part of well-being. You have the right to connect or re-connect with important people, communities, and groups in your life and to be supported to make these connections safely. Initials: _____

Right to Conflict Resolution and Access to a Grievance Procedure – This is a process that allows you and/or your supports to raise concerns, if there are any, regarding our organization and/or how you are being treated or supported. Before a grievance can begin, you (and/or your support) need to address the concern verbally before it can become a formal procedure. These steps are to ensure that your voice is heard and that the concern is resolved quickly and fairly. Initials: _____

Right to Advocacy – It is your right to have an opinion and a voice about what happens to, with and for you. Your Trellis worker has a responsibility to listen to and support you in any way they can. Additional advocates can be your family, friends, other professionals, Children’s Services and/or the Children’s Advocate (if they are involved). Initials: _____

Right to Confidentiality – Trellis will only share or receive information about you with your consent. It is our responsibility to ensure that your information is kept confidential. The following are reasons why we would release information without your consent or telling you:

Initials: _____

1. A medical emergency
2. Suspicion or allegation of child abuse or neglect
3. The receipt of a legal subpoena

4. Any information that suggests that the risk of harm is imminent to yourself, your family and/or another person.

Right to Participate in Future Planning – It is our responsibility to involve you in planning for your future, including having you involved in creating your goals and in making decisions as they relate to you.

Initials: _____

Right to Voluntary Involvement – Working with Trellis is completely voluntary. That means if there is ever a time that you do not wish to be involved in a program, you do not have to be. However, you are encouraged to discuss a decision to withdraw from the program with your Trellis worker and other supports to be fully informed regarding your choice.

Initials: _____

Consent to Participate in Program Activities – Some Trellis programs offer the opportunity for clients/participants to be involved in a variety of program activities. Our goal is to provide a safe experience for everyone; however, some activities may have associated risks. By providing consent for you and/or your child/dependent to participate in program activities you agree to the following:

Initials: _____

- I and/or my child/dependent is voluntarily participating in the program and will follow all rules and regulations for the activities.
- I and/or my child/dependent have met all the prerequisites to participate in the program.
- I acknowledge that risks to myself and/or my child/dependent could include property loss or damage, personal injuries, illness, death, and exposure to infectious diseases such as COVID-19.
- On behalf of myself and/or my child/dependent, I freely and voluntarily assume all risks and hazards, both known and unknown, including any legal risks. This means I am giving up my right to sue Trellis for any reason, including negligence by Trellis or otherwise.
- On behalf of myself and/or my child/dependent, I waive any claim I may have against Trellis arising from participation in program activities, however caused, now or in the future, and agree to indemnify and hold harmless Trellis and its employees, directors, officers, agents, and volunteers from any and all claims arising from participation.

If you require additional information on any of the above, please request the complete explanation from your Trellis worker or consult your client/participant handbook.

PROGRAM-SPECIFIC RIGHTS AND CONSENTS (not applicable for all programs)

Consent for Transportation – As part of your involvement in this program, Trellis staff may provide transportation in certain circumstances. By providing your consent for you and/or your child/dependent to be transported you agree to and are responsible to follow these guidelines at all times:

Initials: _____

- All individuals must be wearing a seatbelt and remain seated while in the vehicle.
- All children in the vehicle must be in the appropriate car or booster seat for their size.
- To respect the driver of the vehicle, which includes but is not limited to:
 - Remaining calm and controlled while in the vehicle.
 - Understanding that if you are under the influence of any substance, Trellis staff will not provide transportation.

Conditions to transportation (if any) are as follows:

Consent to Media for Internal Use – Throughout involvement in the program, media (photo, video, audio) may be collected by Trellis staff to capture events, outings and/or other situations. In compliance with the Freedom of Information and Privacy Act (FOIP), the Personal Information Protection Act (PIPA) and the Child, Youth and Family Enhancement Act, Trellis is requesting your consent to be captured in media. In no circumstances does Trellis hold responsibility as to the further reproduction and/or distribution of the photograph once a client has been discharged from a program. Program participants in a Trellis residential program will be required to have their photograph taken for identification purposes, these photos will not be shared outside of program staff requirements.

Initials: _____

Trellis will not share media externally or with other program participants without obtaining additional permissions but may supply copies to you.

Consent to Monitoring – In compliance with the Freedom of Information and Privacy Act (FOIP), the Personal Information Protection Act (PIPA) and the Child, Youth and Family Enhancement Act, Trellis is advising that monitoring equipment such as motion detectors, security cameras, and alarms may be utilized in some programs for the safety and protection of persons served.

Initials: _____

Any information recorded is automatically deleted after 72 hours and is not maintained by Trellis. By providing your consent you are acknowledging that you agree and have been advised as to the type of monitoring equipment being used.

Right to Choice in Housing Location – Some Trellis housing programs may support you to find a home to rent and other programs are based in a specific building and may offer you a unit in that building. If you believe the building, unit or program is not the right fit for you, you have the right to know about other options. In programs that provide support to find a home in the general community, you do not have to sign a lease or move into a unit that you do not want, and programs will support you to secure housing that meets your choice, budget, and other housing needs.

Initials: _____

INFORMED CONSENT

My signature gives permission to Trellis Society for Community Impact (Trellis) to:

- Provide services
- Work with members of my family or other important people in my life, that I identify
- Share information with other professionals at Trellis in order to improve the coordination of services, including consultation and to support enrollment in other Trellis programs
- Gather relevant information using a variety of means (questionnaires, documents, etc.) to inform practice and service

I understand that:

- Trellis stores the information provided in secure online databases and locked filing cabinets within secure offices.
- I decide who Trellis can share my information with.
- If I would like to see the information Trellis keeps, I can submit a request (in writing) to my worker.

- My personal information, as required by legislation, will be kept for a minimum of seven (7) years or ninety-nine (99) years for Children's Services funded programs.

I am aware that:

- My consent for services is given voluntarily when requested and it is within my right to withhold or revoke my consent at any time.
- I have the right to refuse service or to end this service at any time and it is my right to understand the meaning and impact of my decision.

Additionally:

- My signature gives permission to Trellis to allow an accrediting body to review my file for accreditation purposes, including if the file has been closed. If you choose to withdraw this consent, please discuss it with your Trellis worker.
- My Personal information will not be shared with any third party as a result of the review and is for documentation and standards purposes only.

Any concerns I have regarding the program, or any other matter related to my work with Trellis can be directed to the program's Manager or Director.

Freedom of Information and Protection of Privacy

Personal information collected during enrollment in a Trellis program is collected under the authority of Section 33(c) of the Freedom of Information and Protection of Privacy Act, Part 2 of the Personal Information and Privacy Act (PIPA) and Section 126 of the Child, Youth and Family Enhancement Act, and in accordance with any agreements in place. All personal information collected during intake and admission, during the course of involvement in programming and for participation in any other Trellis programs will be used to provide services and provide a safe and secure environment.

It will be treated in accordance with the privacy provision of Part 2 of the FOIP Act, the protection of personal information Part 2 of PIPA and Section 126 of the Child, Youth and Family Enhancement Act. Limited information may also be provided to the Minister of Human Services for the purpose of carrying out programs, activities, or policies under their administration (e.g., research, statistical analysis) or for receiving provincial and/or federal funding. Anonymized information may also be shared with research partners for specific research projects that are approved by an ethics board conforming to the Tri-Council Policy Statement on Ethical Conduct for Research Involving Humans for the purpose of improving services.

I, _____ (the Client/Participant or Parent/Guardian /Children's Services Case Worker) have read and had the above Rights and Informed Consent, fully explained to me, and my signature indicates that I understand this information. I further understand that my rights will be reviewed every three (3) months.

Signature (Primary Client)

Date

Signature (Secondary Client)

Date

Signature (Parent/Guardian/Case Worker)

Date

Signature (Trellis Staff Member)

Date

RELEASE OF INFORMATION

In order to enhance the coordination of services and provide my child with appropriate support, I, _____ authorize Trellis to RELEASE and GATHER information **FROM** and **TO** the following:

Names/Agency: _____

Reason: _____

Names/Agency: _____

Reason: _____

Names/Agency: _____

Reason: _____

Names/Agency: _____

Reason: _____

Names/Agency: _____

Reason: _____

This agreement is effective from date of signing up to and including _____ or 6 months post discharge.

For CHF programs, release of information expires one year from signature.

Signature (Primary Client)

Date

Signature (Secondary Client)

Date

Signature (Parent/Guardian/Case Worker)

Date

Signature (Trellis Staff Member)

Date



MEDIA RELEASE

I hereby give permission to **Trellis Society** to use my name, any photo or video images of me and comments made by me in writing or otherwise, for promotional purposes, in any form of media in relation to **Trellis Society** promotional materials (i.e. video, radio, print, website, press release).

I understand that by signing this document it does not guarantee publication of my name, any photo, video image or comments I make.

I understand there will be no compensation, remuneration for the use or the reuse of my name, any photo, video image or comments.

I understand I am under no obligation to sign this form, and by not signing I will still be able to fully participate as an employee, volunteer or program participant with **Trellis Society**.

_____	_____	_____
Name (printed)	Signature	Date
_____	_____	_____
Witness Name (printed)	Signature	Date