

#300, PARK PLACE  
4825, 47 STREET  
RED DEER, ALBERTA  
T4N 1R3



PHONE 403.343.3422  
FAX 403.343.9293  
REFERRAL 1.888.505.3422  
HERITAGEFAMILYSERVICES.COM

### Consent for Service

\_\_\_\_\_  
Clients Name                      Child Welfare I.D. #                      Date of Birth                      C.W. Status

#### Terms of Agreement

I \_\_\_\_\_ (Caseworker) am aware the per diem for \_\_\_\_\_ is  
\$ \_\_\_\_\_ per child as of \_\_\_\_\_ (admission date), and agree to pay this  
amount until the client has been discharged from the program or I receive written notice of an  
increase.

Facility I.D. #: \_\_\_\_\_

Heritage Placement and Address: \_\_\_\_\_

\_\_\_\_\_  
Caseworker's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Program Coordinator's Signature

\_\_\_\_\_  
Date

**This agreement will be completed upon signature of the program coordinator.**

\_\_\_\_\_  
Date of Discharge

\_\_\_\_\_  
Last Day Billed

\_\_\_\_\_  
Program Coordinator's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Caseworker's Signature

\_\_\_\_\_  
Date

\* HFS OFFICE: Please send to Central Referral and referring office at both discharge and intake.

*Please File in Section 2 of Client File*

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### Consent to Release Information

Re: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Name of Youth or Child Month/Day/Year

Children's Services #: \_\_\_\_\_

#### Request for Consent

We, **Heritage Family Services** want to:  Obtain  Release the following information about the child/youth named above.

Records  Other: \_\_\_\_\_

#### From/To:

Physician  Psychiatrist  Therapist  
 Psychologist  Probation Officer  School Principal

For the purpose of placement at \_\_\_\_\_ and to necessitate appropriate strategies.

\_\_\_\_\_  
Requestor's Signature Title Date  
\_\_\_\_\_  
Requestor's Signature Title Date

#### Consent

My name is: \_\_\_\_\_ I am the child above; or

My relationship to the child above is: \_\_\_\_\_ I give consent for:

Physician  Psychiatrist  Therapist  
 Psychologist  Probation Officer  School Principal

To release information to **Heritage Family Services**

The information may be release for the purpose of:

Placement  Assessment  Risk Assessment  
 Necessitate appropriate intervention strategies  
 AB Education Student Records

**This consent terminates 90 days from today.**

\_\_\_\_\_  
Consenter's Signature Date

After receiving the release information, the receiving person shall sign below and fax back to sender.

\_\_\_\_\_  
Signature Date

*Please File in Section 2 of Client File*

### Consent to Voluntary Participation

I \_\_\_\_\_ declare:

I have been given a copy of the Youth Orientation Manual which describes:

- The Rules and Routines
- Chores and Allowance
- The School Program
- House Expectations
- Behaviour Management and Discipline
- Use of photos for media, organizational events, portable records, research, or training
- Emergency Evacuation and Fire Procedure
- Important Phone Numbers
- My Rights
- Grievance and Appeal
- The Child and Youth Advocate
- Other creative work produced by you will be returned at discharge

Through reading of the Orientation Manual, my Services Agreement, and conversation with my Caregiver, the following statements are true:

- I understand my rights
- I will work toward achieving my goals
- I will participate in the program
- I understand grievance and appeal
- I will help set out goals
- I understand live feed monitoring may be done in the program for security purposes

\_\_\_\_\_  
Child/Youth's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Key/Support Worker's Signature

\_\_\_\_\_  
Date

I (Caseworker) \_\_\_\_\_ have received and reviewed the program's Child/Youth Orientation Manual, which reviewed programming, behaviour management, restrictive procedures, and the grievance and appeal process.

\_\_\_\_\_  
Caseworker's Signature

\_\_\_\_\_  
Date

<b>Review on a Monthly Basis</b>	
Date: _____	Initial: _____
Date: _____	Initial: _____
Date: _____	Initial: _____

## Right to Access Cultural Resources

Name of Client: \_\_\_\_\_

Which cultural community do you identify with? \_\_\_\_\_

Do you wish to be connected with a cultural resource? \_\_\_ Yes \_\_\_ No

Name of Resource Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Do you wish to be connected with Heritage Family Services Cultural Resource Staff?

\_\_\_ Yes \_\_\_ No

What Cultural Resources would you like to access?

\_\_\_ Ceremonies/Traditional activities

\_\_\_ Cultural Resource Staff to help you develop your Case Plan/Service Plan

\_\_\_ Cultural Information, and educational resources

\_\_\_ Other: \_\_\_\_\_

Heritage Family Services accommodates clients who are of Aboriginal origin by:

- Training to staff and parents regarding Cultural Awareness Issues to strengthen Cultural Competence.
- Providing on-going access and encouragement to participate in traditional ceremonies for staff, parents, and children.
- Providing Cultural Resource Staff for every program.
- Providing Cultural Resource Staff to review each child's complex needs to ensure the youth's heritage is respected and promoted.

**I understand the resources specifically relating to my culture which are available.**

\_\_\_\_\_  
Child's Signature (12+)

\_\_\_\_\_  
Month/Day/Year

\_\_\_\_\_  
Cultural Resource Staff

\_\_\_\_\_  
Month/Day/Year

**I have explained to my client the resource which are available to him/her regarding his/her culture. I believe he/she understand at a level which is appropriate to their age.**

\_\_\_\_\_  
Caseworker's Signature (11 & under)

\_\_\_\_\_  
Month/Day/Year

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### Therapy Agreement

The Therapy Team at Heritage Families Program is dedicated to supporting wellness for each individual child. A number of therapy approaches are provided which are designed to suit each child with his or her unique physical, mental, spiritual, and emotional needs. Every child in the Program will be assigned a therapist to help assess and contribute to fulfillment of those needs. Therapy is provided in a safe, secure and confidential environment for each child.

The limits of confidentiality include:

- (1) Threat of harm to self
- (2) Threat of harm to another
- (3) Report of child abuse
- (4) Court Order

Any further expectations must be negotiated with the therapist.

I, \_\_\_\_\_, am the Guardian of

\_\_\_\_\_ and,

I hereby give my consent to the Therapy Team of Heritage Families Program to conduct therapy with him/her, or to provide consultation and support in the event that formal therapy sessions are not required.

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Therapist Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# **RESIDENT / GRIEVANCE PROCEDURE**

If you have a concern or issue that involves your care and complex needs, follow the steps in the diagram below:



<b>Discuss your issue/concern with the person you have an issue with.</b>	<b>RESPONSE TIME</b> Same day
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<b>If the issue/concern is not being addressed then try to work it out with your Key Worker</b>  _____ (Name)	<b>RESPONSE TIME</b> Same Day
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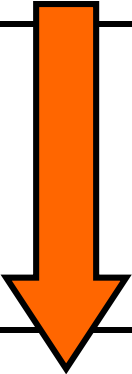
<p><b>If the issue/concern is not being addressed then ask for a meeting with the Program Coordinator:</b></p> <p>_____</p> <p>(Name)</p>	<p><b>RESPONSE TIME</b> Within 5 days of not being satisfied with Key Worker response</p>
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<p><b>If the issue/concern is not being addressed then ask for a meeting with the Manager Community Service:</b></p> <p>_____</p> <p>(Name)</p> <p>_____</p> <p>(Phone #)</p>	<p><b>RESPONSE TIME</b> Within 5 days of not being satisfied with Program Coordinator response</p>
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*Please File in Section 2 of Client File*

<p><b>If the issue/concern is still not being addressed then ask for a meeting with the Company Director:</b></p> <p>_____</p> <p style="text-align: center;">(Name)</p> <p>_____</p> <p style="text-align: center;">(Phone #)</p>	<p><b>RESPONSE TIME</b></p> <p><b>Within 5 days of not being satisfied with the Manager Community Service</b></p>
	
<p><b>TOTAL: 15 Days</b></p>	

These are the people who can advocate for you. You can also talk to your Social Worker \_\_\_\_\_ or the Children's Advocate \_\_\_\_\_

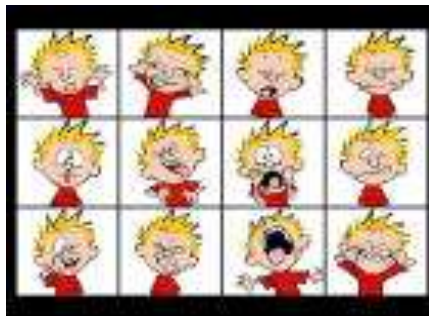
(Name) (Name)

If you feel that your needs are not being met, or you are not being treated fairly, you can talk to a Children's Advocate and share your concerns him/her. Your Social Worker, Key Worker, or Parent may approach this person for you.

<p><b>Office of the Children's Advocate</b></p> <p><b>Phone:</b> _____</p> <p><b>Name:</b> _____</p>
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**Youth/Guardian Signature** \_\_\_\_\_

Date:





## Personal/Miscellaneous Items


I \_\_\_\_\_, understand that my clothing and personal items are solely my responsibility. Heritage Family Services is not responsible for lost, damaged, or stolen items.

I understand that it is my responsibility to retrieve any personal belongings left behind after my discharge. I also understand that if I do not retrieve my belongings within 30 days of my discharge date, they may be disposed of (i.e. Salvation Army, Women`s Shelter).

\_\_\_\_\_  
Client

\_\_\_\_\_  
Caseworker's Signature

\_\_\_\_\_  
Admitting Staff

\_\_\_\_\_  
Date

