



Westbank First Nations **ACTIVE MEASURES Application**

Last name:	First name:	Date:	
Address:	City:	Province:	Postal code:
How long have you lived at this address: If under 6 months, please indicate previous address:			
Home phone:		Cell :	
Email:			
Birth date:		Gender: M / F	
Aboriginal ancestry: Y / N		Band Member: Y / N	
Status number:			
Emergency contact person : Their contact number:			
Do you have a driver's license?			
Are you currently employed: Yes _____ No _____ Are you in receipt of EI : Yes _____ No _____ Have you receive EI in the last 3 years : Yes _____ No _____ Have you been on a Mat or Paternity leave in the last 5 years : Yes _____ No _____ Are you currently on BC Benefits (SA) : Yes _____ No _____ If yes, how long have you been on SA? _____			

How would you contribute to this program?
How might you sabotage yourself in completing this program?
What are your strengths?
What are your needs? (weaknesses)
What are your abilities? (skills, talents, etc)
What are your preferences(things that you feel will enhance your experience)
In your own words, what are your presenting challenges?
Personal
What are the two biggest challenges you have faced in the last year?

What challenges or improvements have you made in the last six months?
How do you contribute to the community?
What are your fears about attending the life skills program?
What changes do you see are needed in your life?
What are your immediate goals for this program?
Any major problems in your life situation related to drugs and/or alcohol? Physical health <input type="checkbox"/> Family and friends <input type="checkbox"/> Financial debt <input type="checkbox"/> Housing <input type="checkbox"/> Legal <input type="checkbox"/> Employment <input type="checkbox"/>
Current Marital Status: Single <input type="checkbox"/> Common law <input type="checkbox"/> Divorced <input type="checkbox"/>
Number of dependants: Living with you: _____ Living elsewhere: _____ Do you have secure child care during the program?

EDUCATION STATUS

Please indicate your education status:

Elementary

K-12

Graduated High school

Trade school

College When:

What was school like for you?

Have you ever attended residential school? Y / N

If “yes” for how long?

If “yes”, how did residential school experience affect your life today?

Do you have difficulty reading? Y / N

Do you have difficulty writing? Y / N

Please indicate by number 1-5
 No problem=1 Mild problem=2 Medium problem=3 Difficult=4 Very difficult=5

Self Esteem _____	Family Problems _____
Confidence _____	Authority figures _____
Legal _____	Alcohol/Drugs _____
Grief _____	Lack of energy _____
Racism _____	Conflict with others _____
Finances _____	Physical health problems _____
Daycare _____	Transportation _____

Is there anything else you would like to comment or add to your evaluation information?

Administration only

Date of Intake Interview: _____

Interviewed by: _____

Accepted: Yes _____ No _____

Start date: _____