

**HIGH PRAIRIE AND DISTRICT CHILDREN'S RESOURCE COUNCIL
Participation Form**

Family Identification # _____ FRN # _____

Date: _____ New Member (\$10pd) Initial Contact: _____
Day/Month/Year

Referral/Source: _____ Referral Form Attached

Service Requested: _____

CURRENT FAMILY INFORMATION (INCLUDE PREFERRED PRONOUNS):

Name: _____ D.O.B _____ MM/DD/YYYY
IMMUNIZATION UP TO DATE: Yes No COVID-19 VACCINATION QR CODE PROVIDED: Yes No

Partner's Name: _____ D.O.B _____ MM/DD/YYYY
IMMUNIZATION UP TO DATE: Yes No COVID-19 VACCINATION QR CODE PROVIDED: Yes No

Home Phone #: (780) _____ Cell Phone #: (780) _____ Text Only: Yes No

Email(s): _____

Mailing Address: Box # _____ Postal Code _____

Street Address or Land Location: _____ Community: _____

I am pregnant. Yes No Prenatal Health Concerns. Yes No If Yes, please identify below:

PREFERRED PRONOUNS (Him/Her/They)	NAME OF CHILD	MM/DD/YYYY	IMMUNIZATION UP-TO-DATE	COVID-19 VACCINATION QR CODE / STATUS PROVIDED
_____	Name _____	D.O.B _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	Name _____	D.O.B _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	Name _____	D.O.B _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	Name _____	D.O.B _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	Name _____	D.O.B _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	Name _____	D.O.B _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Identify child/family food allergies: _____

I am a single parent/guardian. Yes No I am under the age of 20. Yes No

Official language is French or English. Yes No If No, I speak: _____

Family Culture: First Nations Metis Non-Status Indigenous Other (Please Specify) _____
 Francophone New to Canada – identify culture _____ Number of Years in Canada _____

I have lived in this community for less than one year. Yes No I have a phone. Yes No

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I have access to transportation. Yes No

I have stable and comfortable housing. Yes No

I completed high school. Yes No

My partner completed high school. Yes No

I am employed. Yes No

My partner is employed. Yes No

My family receives disability and/or medical benefits/supports. Yes No

Income to family size:

1 person I earn less than \$16,279/year. Yes No

2 persons I earn less than \$20,266/year. Yes No

3 persons I earn less than \$24,914/year. Yes No

4 persons I earn less than \$30,250/year. Yes No

5 persons I earn less than \$34,308/year. Yes No

6 persons I earn less than \$38,695/year. Yes No

7 or more persons I earn less than \$43,080/year. Yes No

History/current substance addiction/abuse. Yes No History/current family violence issues. Yes No

History/current family mental health concerns, history of psychiatric care or depression etc. Yes No

Family crisis or relationship issues. Yes No

Social/geographic isolation. Yes No

Nutrition issues or concerns. Yes No

Family Health Issues. Yes No

Family involved in routine health care check-ups. Yes No

I would like more skills and to feel more confident in family life skills, parenting/caregiving and child development.

Yes No

My family is/has been involved with Child Intervention Services. Yes No

My family is interested in or require regular one-on-one / home visitation services. Yes No

Feel free to explain or comment further on any of the above responses: _____

PARTICIPANT/GUARDIAN SIGNATURE & DATE

PARTNER/GUARDIAN SIGNATURE & DATE

INTAKE WORKER SIGNATURE & DATE



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Consent to Use and Release Personal Information

I _____ understand and give consent to the Association of the High Prairie & District Children's Resource Council (CRC), its sponsored programs and projects, and the service funders (Public Health Agency of Canada and Alberta Children's Services) to use the information from this intake/participant form, health and development records, case files and reports, surveys and evaluations and what I say in a one-on-one sessions and groups to learn how program and services like the ones provided by the CRC can best serve parents, families, and children. The information provided is protected by the Freedom of Information and Protection of Privacy Act (FOIP), the Protection of Personal Information Act (PIPA) and the Health Information Act. I also understand that if I choose to disclose personal information in a public group setting or on social media that the Association is not responsible for any loss of privacy. And finally, I understand that that CRC staff are obligated to answer all questions and cooperate with law enforcement and child protection services during the course of an investigation and to report instances of maltreatment, neglect and abuse.

Participant Signature / Date

Program Representative Name / Date

Consent to Release, Copy and Display Images

I _____ provide adult individual and child parent/guardian consent for the following instances: **Please check the appropriate category:**

- Photographs, videotapes or interviews taken by the media or any other organization/individual where individual child and adult participants are identified.
- Photographs, videotapes or interviews taken by the Children's Resource Council (CRC) where material will be used outside the association where individual participants are identified.
- Copyright for artwork, crafts or creative writing which will be reproduced for use outside CRC facilities.

Participant Signature / Date

Program Representative Name / Date

Grievance and Dispute Procedure Acknowledgement

I _____ have read and understand the Association of the High Prairie & District Children's Resource Council's Grievance & Dispute Procedure below.

Grievance / Dispute Resolution Procedure

- a. The employee or clients will make the Executive Director aware of the grievance issue in writing.
- b. The employee or clients and Executive Director will attempt to resolve the matter in a manner satisfactory to both.
- c. If the matter is unable to be resolved the employee or client and Executive Director will present a written representation to the board.
- d. The board will determine the course of action in order to resolve the matter.

Participant Signature / Date

Program Representative Name / Date

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Consent and Acknowledgement of Risk or Liability and to Allow Participation

I _____ understand and give consent for myself and child(ren) to participate in group or one-on-one sessions, workshops and events provided by the, its sponsored programs and projects. I understand and waive liability of the Association of the High Prairie & District Children's Resource Council (CRC) of physical, emotional and mental harm. I acknowledge and accept that participation in activities and programs require a moderate level of disclosure and I/he/she/ they should not undertake the activities and programs unless I/he/she/they am(is/are) physically, mentally and emotionally able to. I acknowledge and accept that some of the activities and programs are emotionally and mentally sensitive and there is a risk of an emotional or mental response and disclosure. I also acknowledge and accept that some of the activities may result in physical injury if, they activity is not supervised by me or because it is virtual or not carried out by my myself or my child(ren) with due care and attention. It is not the responsibility of the Association to supervise my child(ren) and I accept all risk if I am not present or monitoring my child(ren). In the unlikely event of an accident, loss or damage to any personal effects or disclosure of harm or neglect, I acknowledge that the Association will not be liable for any direct or indirect loss, damage or injury arising from or in connection with the activities or programs, or action taken to protect the well-being or safety of my child (ren) and I waive all and any claims against the Association in this respect. I acknowledge and accept that online and video images of my child will be monitored and may be recorded throughout the sessions for the purposes of crime prevention and safety. And finally, I understand that that CRC staff are obligated to answer all questions and cooperate with health professionals, law enforcement and child protection services during the course of an investigation and to report instances of injury, maltreatment, neglect and abuse.

Names of Children for whom I waive the liability of the Association and give informed consent to participate in the programs and services of the Association of High Prairie & District Children's Resource Council:

Parent/Guardian Signature / Date

Program Representative Name / Date

This form must be completed annually or if your personal intake information changes. If you have any questions or concerns regarding the collection of this information and the intended purpose, please contact management of the High Prairie & District Children's Resource Council, 4709-51 Avenue, High Prairie, Alberta. Phone number: 780-523-2715.