

File Information Form

Name \_\_\_\_\_

Birth date \_\_\_\_\_

Address \_\_\_\_\_

Other Address \_\_\_\_\_

1) Phone \_\_\_\_\_ 2) Phone \_\_\_\_\_

1) Emergency Contact Person \_\_\_\_\_

Relationship \_\_\_\_\_

Emergency Contact Address \_\_\_\_\_

Emergency Contact Phone # \_\_\_\_\_

Cell # \_\_\_\_\_

2) Emergency Contact Person \_\_\_\_\_

Relationship \_\_\_\_\_

Emergency Contact Address \_\_\_\_\_

Emergency Contact Phone # \_\_\_\_\_

Cell # \_\_\_\_\_

Medical Doctor \_\_\_\_\_

Doctor's Phone # \_\_\_\_\_

Doctor's Cell # \_\_\_\_\_

Doctor's Office Address \_\_\_\_\_

Last visit \_\_\_\_\_

Dentist \_\_\_\_\_

Dentist's Phone # \_\_\_\_\_

Dentist's Cell # \_\_\_\_\_

Dentist's Office Address \_\_\_\_\_

Last Visit \_\_\_\_\_

Optometrist \_\_\_\_\_

Optometrist's Phone # \_\_\_\_\_

Optometrist's Cell # \_\_\_\_\_

Optometrist's Office Address \_\_\_\_\_

Last Visit \_\_\_\_\_

Social Insurance Number \_\_\_\_\_

Drivers License Number \_\_\_\_\_

Health Number \_\_\_\_\_

Treaty Number \_\_\_\_\_

Other Identification \_\_\_\_\_

Ethnic Status: First Nations, Metis or Other

Family Services Involvement? Yes No

Briefly describe results from the Criminal Record Check.

Has resident had involvement with Corrections and Public Safety? Yes No  
If yes, what is the nature of the involvement?

Does the resident have any probation orders? If so, what are the restrictions?

Probation Officer \_\_\_\_\_

Department \_\_\_\_\_

Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Fax # \_\_\_\_\_ E-mail \_\_\_\_\_

Does this file have Corrections and Public Safety documentation attached? Yes No

**General:**

1) Contact Person \_\_\_\_\_

Relationship \_\_\_\_\_

Contact Address \_\_\_\_\_

Contact Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

2) Contact Person \_\_\_\_\_

Relationship \_\_\_\_\_

Contact Address \_\_\_\_\_

Contact Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

3) Contact Person \_\_\_\_\_

Relationship \_\_\_\_\_

Contact Address \_\_\_\_\_

Contact Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

**History:**

**Health:**

Are there any health concerns? If so, what?

Allergies?

Is this individual taking medication? If so, what type and for what affliction?

**Personal History:**

Family situation

Issues: (i.e. abandonment, abuse, addictions, anger etc.)

Are you aware of any “life changing” incidents this individual has experienced?

What are the individual’s strengths?

What areas does this individual need to work on?

**Education History:**

Last year of school completed?

Does this individual have an interest and understanding of computers?

What subjects hold the **most** amount of interest for this individual?

What subjects hold the **least** amount of interest for this individual?

Has this individual completed any training courses? If so, which ones?

What are the individual's strengths within the education system?

**Employment History:**

Where has this individual been employed?

What type of employment appeals to this individual?

What strengths can this individual bring to an employment situation?

**Case Plan**

Strengths

Areas to work on

What are long-term goals?

What are long-term employment/training goals?

What is the first step?

What would keep the individual from reaching their goals?

In what way can the Home assist the individual in reaching their goals?

**Exit Plan**

