



Native Counselling Services of Alberta

Otipaymsowin Reintegration Centre Intake Form

Otipaymsowin Reintegration Center aims to support conditionally released offenders or those who have completed their sentencing up to 6 months in their transition to independent living through culturally grounded services. Please submit this form through a Parole/Probation Officer or a Community Service Program Worker. We will reach out shortly to set up an intake interview. OtipaymsowinReintegration@ncsa.ca

1. Applicant Information		
Legal First Name	Legal Last Name	Middle Name
Preferred Name	Preferred Pronouns <input type="checkbox"/> He/Him <input type="checkbox"/> They/Them <input type="checkbox"/> She/Her <input type="checkbox"/> Other: _____	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Common Law <input type="checkbox"/> Other
Date of Birth (Da-Mo-Year)	Birthplace (City, Province, Country)	
Alberta Health Care	SIN	Treaty # (If known)
FPS/ORCA	Status <input type="checkbox"/> Day Parole <input type="checkbox"/> Other: _____ <input type="checkbox"/> Full Parole	Release Date (Da-Mo-Year)
WEB (Program accepts participants up to 6mts following warrant expiry date)		
Release Conditions that may impact the services the Reintegration program can provide:		
Are there any ongoing court dates?		

2. Program Services – Please indicate the PRIORITY assistance the applicant is seeking at this time.		
<input type="checkbox"/> Housing	<input type="checkbox"/> Income	<input type="checkbox"/> Basic Needs (Food, clothing, transport, etc.)
<input type="checkbox"/> Employment	<input type="checkbox"/> Education	<input type="checkbox"/> Professional Training (Certificates/Tickets, etc.)
<input type="checkbox"/> Physical Health	<input type="checkbox"/> Mental Health	<input type="checkbox"/> Substance Use
<input type="checkbox"/> APPLICATIONS (Federal claims/settlement/other) and ID Assistance		
Addition Program Services – please indicate areas of interest at this time		
Cultural Connection		
<input type="checkbox"/> Circles with Elders	<input type="checkbox"/> Culture Teachings	<input type="checkbox"/> Ceremonies
<input type="checkbox"/> Art	<input type="checkbox"/> Cooking	<input type="checkbox"/> Language Learning
<input type="checkbox"/> Inspirational Presentation by Indigenous people with Lived Experience	<input type="checkbox"/> Land Based Teachings	<input type="checkbox"/> Other

Life Skills:		
<input type="checkbox"/> Money Management	<input type="checkbox"/> Practical Daily Living Skills - cooking, cleaning, household shopping & repairs	<input type="checkbox"/> Self-Care – Personal & Professional
<input type="checkbox"/> Healthy Relationships (Family, Partners and Child), Human sexuality	<input type="checkbox"/> Communication & Interpersonal Skills	<input type="checkbox"/> Health & Well Being (Nutrition, physical activity, social connection, etc.)

3. Contact Details			
Street Address	City	Prov	Postal Code
<input type="checkbox"/> I do not have a fixed address <input type="checkbox"/>			
Primary Phone	Email	Preferred Contact Method <input type="checkbox"/> Phone <input type="checkbox"/> Email	
Emergency Contact #1			
Last name	First name	Relationship	
Phone	Alternate Phone	Address	
Emergency Contact #2			
Last Name	First Name	Relationship	
Phone	Alternate Phone	Address	

4. Client Charges/Court Orders/Conditions – This information will assist the program workers to ensure they are not making referrals to services where the applicant’s criminal record would disqualify them from accessing certain types of programs or opportunities. For example, a criminal history of violence could disqualify them from employment, training or potentially volunteering with vulnerable people in roles such as security, child care, health care and teaching.

Referring Parole/Probation Officer/Program Worker Contact (To be filled out by individual submitting application)		
Name (Last, First)	Phone	Email
Preferred Contact Method	<input type="checkbox"/> Phone	<input type="checkbox"/> Email

5. Signatures

Date of Completion	Completed by (Parole/Probation Officer/Program Worker)	Applicant Signature
--------------------	--	---------------------

Disclosure of Personal Information

The information provided to Otipaymsowin is confidential. Personal information that is collected will be used only for the purpose of providing services, recontacting program participants and to evaluate the services of the Otipaymsowin Reintegration program. Services will be delivered primarily by the program service providers. Where services are delivered by extended service providers, information will only be disclose to them with consent of the client.