Native Counselling Services of Alberta

Otipaymsowin Reintegration Centre Intake Form

Otipaymsowin Reintegration Center aims to support conditionally released Indigenous offenders and 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 ☐ He/Him ☐ They/Them ☐ She/Her ☐ Other:_____	Marital Status ☐ Single ☐ Married ☐ Divorced ☐ Common Law ☐ Other
Date of Birth (Da-Mo-Year)	Birthplace (City, Province, Country)	Gender ☐ Female ☐ Male ☐ 2SLGBTQQIA+ ☐ Prefer not to say
Indigenous Identity – Check one ☐ First Nations include registered and non-registered First Nations; membership in a First Nations or Indian band; living in and off reserve. ☐ Inuit ☐ Metis ☐ Unsure/Unspecified		
Alberta Health Care	SIN	Treaty # (If known)
FPS/ORCA	Status ☐ Day Parole ☐ Other:_____ ☐ Full Parole	Release Date (Da-Mo-Year)
W.E.D. (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.		
☐ Housing	☐ Income	☐ Basic Needs (Food, clothing, transport, etc.)
☐ Employment	☐ Education	☐ Professional Training (Certificates/Tickets, etc.)
☐ Physical Health	☐ Mental Health	☐ Substance Use
☐ APPLLICATIONS (Federal claims/settlement/other) and ID Assistance		

Addition Program Services – please indicate areas of interest at this time		
Cultural Connection		
☐ Circles with Elders	☐ Culture Teachings	☐ Ceremonies
☐ Art	☐ Cooking	☐ Language Learning
☐ Inspirational Presentation by Indigenous people with Lived Experience	☐ Land Based Teachings	☐ Other
Life Skills:		
☐ Money Management	☐ Practical Daily Living Skills - cooking, cleaning, household shopping & repairs	☐ Self-Care – Personal & Professional
☐ Healthy Relationships (Family, Partners and Child), Human sexuality	☐ Communication & Interpersonal Skills	☐ Health & Well Being (Nutrition, physical activity, social connection, etc.)

2. Contact Details			
Street Address	City	Prov	Postal Code
☐ I do not have a fixed address ☐			
Primary Phone	Email	Preferred Contact Method ☐ Phone ☐ 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	

3. 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	☐ Phone	☐ Email

4. 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.