



SNOWOYELH

Te Lalem Application

Client Form

Name of Child/Youth/Adult/Family: _____

Phone: _____

Address: _____

Chehalis Community Member

Other Community (Specify): _____

Referring Person(s) Contact Information:

Name	Phone Number	Fax Number

Band: _____ Agency: _____ Other: _____

Support Person(s) Involved:

Yes

No

Contact Person Name & Job title	Phone Number	Fax Number

Family members Applying to enter Program

Role in Family	Date of Birth

Other Family members NOT entering the Program

Role in Family	Contact Number



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1) Was/Is there any Alcohol or Drug use? Yes No

*If yes please complete the following questions A,B, C, & D

A) What is your drug of choice? _____

B) How often did you use? _____

C) When did you last use? _____

D) Has there been any work done to address the Alcohol or Drug use? Yes No

- If yes please explain

2) Is there any legal (Court, Police, etc.) involvement? Yes No

*If yes please explain

3) Do you have any medical conditions that we should be aware of Yes No
(Allergies, Asthma, Specialist Appointments, etc.) *If yes please explain



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- 4) Source of Income? Employed Welfare Other

Please Explain. If employed where and what is your schedule, contact information is also required. If on welfare where are you registered and who is your shelter portion being paid to. If other please explain.

- 5) Current Living Situation:

- 6) Why Do You Want to Enter the Program?



11) Other Family Member(s)/Support Person(s) involved and their Roles:

Name	Role	Contact number

- I consent that all of the information that I provided is correct to the best of my knowledge and that it will be reviewed by the Sts'ailes Overseeing Committee to determine my acceptance into Sts'ailes Te Lalem Specialized Culturally based Residential Program that is offered by the Chehalis Indian Band in collaboration with the Ministry of Children and Family Development.
- I understand that Sts'ailes Te Lalem is a drug and Alcohol free residence and agree that during my time at Te Lalem I will be drug and alcohol free
- I understand that this is a specialized residential program that has rules and guidelines that I will abide by and I will part take in programs offered within Te Lalem and the Chehalis Community
- I understand that I may have to co-reside in the facility with others in the program

Client Signature

Date

Please Complete Form and Send to Referring Social Worker – require full application before submitted to the Te Lalem Overseeing Committee

Office Use Only Do not Write below this line

Intake was received on: _____

Intake was received by: _____

Follow up Contact

Date: _____

Person: _____