

SNOWOYELH Te Lalem Application

Social Worker Form

Name of Child/Youth/Adult/Family:				
Phone:				
Chehalis Community Member	Other Co	ommunity (Specify):		
Referring Person(s) Contact Information:				
Name	Phone Number	Fax Number		
🖺 Band: 🖺 Agency:		Other:		
Support Person(s) Involved:	<u> </u>	□ No		
Contact Person Name & Job title	Phone Number	Fax Number		
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Family members Applying to enter progr	am	_		
Role in Family		Date of Birth		



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Other Family members **NOT** entering the program

Role in Family	Contact Number			
Are there any Alcohol or Drug concerns?	□ No			
Has there been any work done to address the Alcohol or Drug us	se? <u>"Yes No</u> If yes please explain			
How often does your agency meet with the client?				
To the best of your knowledge what is the client's current living situation:				
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Te Lalem Application Why does your agency feel that the client should enter the program? What concerns should we be aware of? What does your agency feel are the clients Strengths? What does your agency feel are the Challenges for the client?



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want the client to complete?			
_	_		
Other Family Member(s)/Support Pe	erson(s) involved and th	eir Roles:	
Name	Role	Contact number	
I consent that all of the information that I provided it correct to the best of my knowledge and that it will be reviewed by the Sts'ailes Overseeing Committee to determine the clients 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 will be in regular contact with my client and Te Lalem (phone calls, e-mails, meetings, updates, etc)			
Social Worker Signature		Date	
Please Send Complete Application (Clien	at and Social Worker Portio	ons) to:	
	Sts'ailes - Te Lalem Ove C/O Jolie Lawrence – T 4690 Salish Way, Agassiz BC VOM 1A1 Phone: 604-796-1282 F	e Lalem Manager	

What goals or programs (anger management, parenting classes, counseling, etc.) does your agency