

MAKOON TRANSITION INC.

Reunification, Prevention & Long-Term Treatment Program for Families

107 – 26 Gaylene Place

Winnipeg, MB

R3T 4G7

For further information, please contact us at 204-807-6135 or toll-free at 1-833-929-8899.

Please fill out the requested information to the best of your abilities.

If you don't know an answer to a question, leave it blank or write "unknown".

Please email the completed application forms to intake@makoon.ca or fax them to 204-306-4290.

Date: _____

How did you hear about this program? _____

Name of the person making this referral: _____

Phone Number: _____

Email Address: _____

Reason for Referral: _____

Do you know any current or former residents of Makoon? If so, please provide their names.

MOTHER'S INFORMATION

Mother's Full Name (*first, middle, and last name*): _____

Mother's Maiden Name (*if applicable*): _____

Phone Number: _____

Address: _____

Email Address: _____

Mother's Facebook Profile Name: _____

Date of Birth: _____

Treaty Number: _____

Band Name: _____

Manitoba Health Card – 6 Digits: _____ 9 Digits: _____

Marital Status (*single, married, separated, divorced, common-law, widowed*): _____

Emergency Contact Information (*Please include their Name, Phone Number, and Relationship to Mother*):

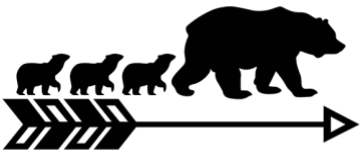
EIA Case Number: _____

EIA Worker's Name: _____

CFS Agency: _____

CFS Worker's Name: _____

CFS Worker's Phone Number: _____



MAKOON TRANSITION INC.

Reunification, Prevention & Long-Term Treatment Program for Families

107 – 26 Gaylene Place

Winnipeg, MB

R3T 4G7

FATHER'S INFORMATION

Father's Full Name (*first, middle, and last name*): _____

Phone Number: _____

Address: _____

Email Address: _____

Father's Facebook Profile Name: _____

Date of Birth: _____

Treaty Number: _____

Band Name: _____

Manitoba Health Card – 6 Digits: _____ 9 Digits: _____

Marital Status (*single, married, separated, divorced, common-law, widowed*): _____

Emergency Contact Information (*Please include their Name, Phone Number, and Relationship to Father*):

EIA Case Number: _____

EIA Worker's Name: _____

CFS Agency: _____

CFS Worker's Name: _____

CFS Worker's Phone Number: _____

LINEAGE INFORMATION

- Maternal Grandmother's Name (*Children's Mother's Mother*): _____

Date of Birth: _____

Treaty Number and/or Band Name: _____

- Maternal Grandfather's Name (*Children's Mother's Father*): _____

Date of Birth: _____

Treaty Number and/or Band Name: _____

- Paternal Grandmother's Name (*Children's Father's Mother*): _____

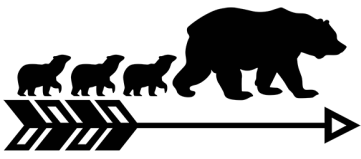
Date of Birth: _____

Treaty Number and/or Band Name: _____

- Paternal Grandfather's Name (*Children's Father's Father*): _____

Date of Birth: _____

Treaty Number and/or Band Name: _____



MAKOON TRANSITION INC.

Reunification, Prevention & Long-Term Treatment Program for Families

107 – 26 Gaylene Place

Winnipeg, MB

R3T 4G7

CHILDREN'S INFORMATION

Name (*first, middle, and last name*): _____

Date of Birth: _____ Gender: _____

Treaty Number: _____

Manitoba Health Card – 6 Digits: _____ 9 Digits: _____

Type of Order (*please check one of the following*):

- | | |
|---|--|
| ☐ Apprehension | ☐ VPA – Voluntary Placement Agreement |
| ☐ TO – Temporary Order | ☐ VSG – Voluntary Surrender of Guardianship |
| ☐ PO – Permanent Order | ☐ No CFS Involvement |
| ☐ SO – Supervision Order | |

Please list any special needs, medical issues, prescription medication, allergies, concerns, or issues:

Name (*first, middle, and last name*): _____

Date of Birth: _____ Gender: _____

Treaty Number: _____

Manitoba Health Card – 6 Digits: _____ 9 Digits: _____

Type of Order (*please check one of the following*):

- | | |
|---|--|
| ☐ Apprehension | ☐ VPA – Voluntary Placement Agreement |
| ☐ TO – Temporary Order | ☐ VSG – Voluntary Surrender of Guardianship |
| ☐ PO – Permanent Order | ☐ No CFS Involvement |
| ☐ SO – Supervision Order | |

Please list any special needs, medical issues, prescription medication, allergies, concerns, or issues:

Name (*first, middle, and last name*): _____

Date of Birth: _____ Gender: _____

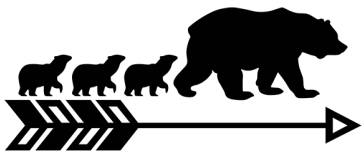
Treaty Number: _____

Manitoba Health Card – 6 Digits: _____ 9 Digits: _____

Type of Order (*please check one of the following*):

- | | |
|---|--|
| ☐ Apprehension | ☐ VPA – Voluntary Placement Agreement |
| ☐ TO – Temporary Order | ☐ VSG – Voluntary Surrender of Guardianship |
| ☐ PO – Permanent Order | ☐ No CFS Involvement |
| ☐ SO – Supervision Order | |

Please list any special needs, medical issues, prescription medication, allergies, concerns, or issues:



MAKOON TRANSITION INC.

Reunification, Prevention & Long-Term Treatment Program for Families

107 – 26 Gaylene Place

Winnipeg, MB

R3T 4G7

Name (*first, middle, and last name*): _____

Date of Birth: _____ Gender: _____

Treaty Number: _____

Manitoba Health Card – 6 Digits: _____ 9 Digits: _____

Type of Order (*please check one of the following*):

- | | |
|---|--|
| ☐ Apprehension | ☐ VPA – Voluntary Placement Agreement |
| ☐ TO – Temporary Order | ☐ VSG – Voluntary Surrender of Guardianship |
| ☐ PO – Permanent Order | ☐ No CFS Involvement |
| ☐ SO – Supervision Order | |

Please list any special needs, medical issues, prescription medication, allergies, concerns, or issues:

Name (*first, middle, and last name*): _____

Date of Birth: _____ Gender: _____

Treaty Number: _____

Manitoba Health Card – 6 Digits: _____ 9 Digits: _____

Type of Order (*please check one of the following*):

- | | |
|---|--|
| ☐ Apprehension | ☐ VPA – Voluntary Placement Agreement |
| ☐ TO – Temporary Order | ☐ VSG – Voluntary Surrender of Guardianship |
| ☐ PO – Permanent Order | ☐ No CFS Involvement |
| ☐ SO – Supervision Order | |

Please list any special needs, medical issues, prescription medication, allergies, concerns, or issues:

Are your children placed with family (Kinship Care)? _____

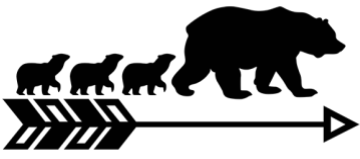
If so, please explain: _____

Have you had any previous CFS involvement regarding your children? _____

If so, please explain: _____

Did you have CFS involvement as a child? _____

If so, did you age out of care? _____



MAKOON TRANSITION INC.

Reunification, Prevention & Long-Term Treatment Program for Families

107 – 26 Gaylene Place

Winnipeg, MB

R3T 4G7

When was the last time you used drugs and/or alcohol? _____

What did you last use? _____

What was your drug of choice? _____

Do you smoke tobacco or marijuana? _____ If yes to marijuana, is it prescribed? _____

Do you have any special needs or medical issues, such as Diabetes, HIV, any mental health illness, etc.?

Are you currently on any prescription medication? _____

If so, please list what you are taking:

Do you have a Criminal Record? _____

If so, please explain:

Do you have any No Contact Orders (NCOs) in place? _____

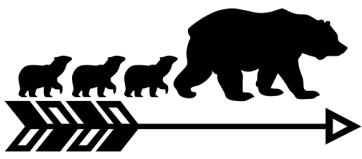
If so, please list them below:

Please list the programs and supports you are currently involved with:

Please list the programs and supports you have previously been involved with:

What are the goals you would like to achieve while attending our program?

What are your plans once you have completed our program?



MAKOON TRANSITION INC.

Reunification, Prevention & Long-Term Treatment Program for Families
107 – 26 Gaylene Place
Winnipeg, MB
R3T 4G7

CONSENT FOR RELEASE AND EXCHANGE OF INFORMATION – INTAKE

Applicant Full Name: _____

Full Name(s) of Child(ren):

Agency/Organization: _____

Authorization

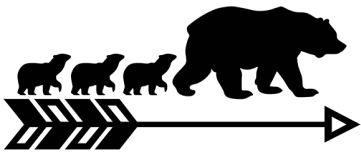
I authorize Makoon Transition Inc. and the agency or organization identified above to receive, release, and exchange the information selected below for myself and the child(ren) identified above, for the purpose of reviewing my application, determining eligibility and suitability for Makoon's program, and coordinating the intake and admission process.

Information Authorized for Exchange

Please check all that apply:

- ☐ Referral and application information
- ☐ Social history and family background information
- ☐ Child and Family Services involvement and case-planning information
- ☐ Assessments and recommendations relevant to the application
- ☐ Drug and alcohol screening/test results
- ☐ Safety and risk information relevant to admission and service planning
- ☐ Information regarding current services and supports
- ☐ Any other information that has been shared during Weekly Check-Ins, including information in any additional documentation provided as part of the intake process

Information not identified above is not authorized for release or exchange under this consent, except where disclosure is permitted or required by law.



MAKOON TRANSITION INC.

Reunification, Prevention & Long-Term Treatment Program for Families
107 – 26 Gaylene Place
Winnipeg, MB
R3T 4G7

Consent

By signing this form, I confirm that:

- I have read this consent form or have had it read and explained to me.
- I understand what information I am authorizing Makoon Transition Inc. and the identified agency or organization to exchange.
- I understand that the information will be used for the application, eligibility, intake, and admission process.
- I understand that I may revoke this consent at any time by providing written notice to Makoon Transition Inc.
- I understand that revoking my consent will apply to future exchanges of information and will not affect information already exchanged while this authorization was in effect.
- I understand that additional written authorization may be required before information outside the scope of this consent is released.

Expiration of Consent

This consent remains in effect for the duration of the application and intake process and expires when a decision regarding admission has been made, unless revoked earlier in writing.

If the applicant is admitted to Makoon Transition Inc., any ongoing exchange of information will be addressed through the appropriate program consent and authorization forms.

Applicant Full Name: _____

Signature: _____

Date: _____