



Hello!

Welcome to Peak House, we value caregiver and family input. Please share with us what feels relevant.

Parents/Caregivers only need to fill out the **Caregiver Forms**. We sent the rest of the package for transparency and in the event you want to support your young person with their section.

Once we have your responses, we will set up a pre-intake meeting in person, video or phone call with the client to go over any questions and set up the intake date.

If you need support with this form, our would prefer a call let us know. p. 604 253 6319
intake@peakhouse.ca

We look forward to meeting you and supporting your family!

Caregiver Form: Readiness

In terms of readiness, how quickly could this young person come in should a bed be available?

- Right away, I can get a hold of them and bring them in or arrange for a ride
- Within a week of being notified there is a bed
- After an event (end of school, summer vacation...)
- I'm not sure, but hope that when a bed is available, they will be ready



Caregiver Forms: Safe Exit Agreement

One of the major obstacles to successful outcomes is lack of supportive housing. It is very difficult to focus on setting treatment goals, working towards completing those goals and moving forward with their lives when basic needs are not met. Treatment is voluntary. If basic needs are conditional of treatment, treatment is not voluntary, it is conditional. Please be available and prepared to pick up this client should they, or the program decide a break or departure is required. Failure to provide a safe exit plan regardless of the reason puts young people in extreme risk. Please help us to support their choice in being here today, and in their trust to return and or seek further supports by following through on the caregiver safe exit plan expectations.

If for any reason the youth leave Peak House prematurely, the person or agency that will pick them up is:

Name: _____ Phone Number: _____

Relationship to Client: _____

Caregiver Signature: _____



Caregiver Forms: Medication

The cost of medications is not covered by Peak House.

If you have an extended health care plan or other coverage please complete for direct billing.

Group ID: _____ Personal ID: _____

Certification Number: _____ Name of Provider: _____

Other: _____

Peak House is licensed to administer medication prescribed by our VCH appointed medical practitioner. Over-the-counter medication (including vitamins) must be approved. Please DO NOT bring any medication to Peak House without prior consultation with our Intake Coordinator.

Please list any current medications

Name of Medication	Dose	Purpose of Medication	Start Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Prescribing health practitioner name(s): _____

Contact Information: _____



Insights

Are there struggles outside of substances you would like us to be aware of?

What are their strengths?

What are your strengths as a family?

Your involvement and support throughout their stay in our program is important. Are there any barriers that would interfere with your involvement?

What wisdom can you share that would help us to support them?

Is there anything else you would like us to know?