



YOUTH/YOUNG ADULT - INTAKE SCREENING MAP



Li Zhoornii (Date)
Nom di Screener (Name of Screener):
Nom di Caller & Role:
Contact Information for Caller:
Referral Source:

Li Zhenn Moond (Youth)
Telephone Number Li Zhenn Moond:
Mailing Address Li Zhenn Moond:

What Are We Worried About?	What’s Going Well?	What Needs to Happen?
PAST HARM/WORRIES:	EXISTING STRENGTHS	NEXT STEPS:

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CURRENT CONCERN:	EXISTING SAFETY:	
FUTURE DANGER:		
COMPLICATING FACTORS:		

SCREENING SCALES

CALLER - Youth/Referral Source:

Immediate Safety Scale:

On a scale from **0** to **10**...

- Where **10** means: *Even though there have been some past worries or challenges, I believe the youth/young adult has shown enough strengths, supports, and safety to live independently and succeed in a place like Kikékyelc.*
- And **0** means: *Right now, I believe it would not be safe or fair to expect the youth/young adult to succeed in independent living, because the risks or unmet needs are too high, and it would likely set them up to struggle or fail.*
- Number:
- Rationale:

CALLER - Youth/Referral Source:

Context Scale:

Considering what you know about this youth/young adult's situation, and everything you've shared with me today:

On a scale from **0 to 10**, where:

- **10** means: *There may be some concerns, but no more than what you'd expect for any young person stepping into independence — overall, I believe they are likely to be safe and manage well.*
- **0** means: *I am seriously worried that this youth/young adult is not safe enough right now and will really struggle without significant support.*
- Number:
- Rationale:

SCREENER

Immediate Safety Scale:

On a scale from **0** to **10**, where:

- **10** means: *Even though there have been behaviours in the past that could have been harmful, I believe the youth/young adult is currently safe, has enough stability, and would be a good fit for independent living with minimal support.*
- **0** means: *I believe the youth/young adult is really struggling right now, and Kikékyelc does not currently have the level of staffing or supports needed to keep them safe or meet their unique needs.*
- Number:
- Rationale:

SCREENER

Context Scale:

Considering your experience and knowledge of the youth/young adults who live at Kikékyelc...

On a scale from **0 to 10**, where:

- **10** means: *This youth/young adult appears to be a strong fit for Kikékyelc. There are no urgent or serious concerns at this time, and I feel confident that with our current resources, they would thrive in this setting.*
- **0** means: *This youth/young adult is facing significant challenges right now, and based on what we can currently provide, I do not believe we have the capacity to support them safely at Kikékyelc*
- Number:
- Rationale:

ELDER

Immediate Safety Scale:

On a scale from **0 to 10**, where:

- **10** means: *Even though this young person may have made mistakes or faced challenges in the past, I believe they are currently safe, have enough balance in their life, and would do well living independently at Kikékyelc with only minimal support.*
 - **0** means: *Right now, I see this young person as deeply struggling. Based on what I know and what Kikékyelc can offer at this time, I don't believe they would be safe or well-supported in this setting.*
-
- Number:
 - Rationale:

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ELDER

Context Scale:

Considering your perspective as an Elder, and considering what you have learned about this youth/young adult:

- **10** means: *This youth/young adult appears to be a strong fit for Kikékyelc. There appear to be no urgent or serious concerns at this time, and I feel confident that with Kikékyelc's current resources, they would thrive in this setting.*
- **0** means: *This youth/young adult is facing significant challenges right now, and based on what Kikékyelc can currently provide, I do not believe it has the capacity to support them safely at Kikékyelc.*
- Number:
- Rationale:

TEAM LEADER

Immediate Safety Scale:

From your perspective as a Team Leader, and considering what you know of this youth/young adult and our current capacity at Kikékyelc:

On a scale from **0 to 10**, where:

- **10** means: *Although there have been behaviours in the past that could have caused harm, I believe this youth/young adult is currently safe, has enough stability, and would be a good fit for independent living at Kikékyelc with minimal support.*
- **0** means: *This youth/young adult is really struggling right now, and based on our current staffing levels and available supports, I do not believe we could safely or effectively support them at Kikékyelc.*
- Number:
- Rationale:

YOUTH/YOUNG ADULT - INTAKE SCREENING MAP



TEAM LEADER

Context Scale:

Considering your experience and understanding of both this youth/young adult and the needs of those currently living at Kikékyelc:

On a scale from **0 to 10**, where:

- **10** means: *This youth/young adult appears to be a strong fit for Kikékyelc. There are no urgent or serious concerns at this time, and I feel confident that, with the resources we currently have, they would be safe, stable, and likely to do well here.*
- **0** means: *This youth/young adult is currently experiencing significant challenges, and based on our present capacity, I do not believe we could safely or effectively support them at Kikékyelc.*
- Number:
- Rationale:

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INITIAL GENOGRAM

YOUTH/YOUNG ADULT - INTAKE SCREENING MAP



OUTCOME:

- ☐ Youth/Young Adult Screening Map Completed
- ☐ Close – Not a candidate for Kikékyelc at this time
- ☐ Needs Further Assessment
 - Referred to KKC Youth Team Leader
- ☐ Approved for housing
 - Referred to KKC Youth Team Leader
- ☐ Other _____

RATIONALE FOR OUTCOME:

SCREENER:

Please respond to both questions below to support clarity in decision-making:

1. If you believe this youth/young adult *is a good fit* for Kikékyelc at this time:

What makes you feel confident in their readiness?

What strengths, supports, or signs of stability lead you to believe they will do well in this setting?

2. If you believe this youth/young adult *is not a good fit* for Kikékyelc at this time:

What specific concerns, risks, or unmet needs are influencing your decision?

What would need to be different for this youth/young adult to be safely and successfully supported at Kikékyelc?

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ELDER:

Please share your thoughts on both questions to help guide the decision-making process with your insight:

1. If you feel this youth/young adult *is a good fit* for Kikékyelc at this time:

What gives you a sense that this young person is ready to live safely and respectfully in this community?

What strengths, teachings, or supports do you see in their life that make you feel confident in their path forward?

2. If you feel this youth/young adult *is not a good fit* for Kikékyelc at this time:

What are the worries or concerns that lead you to feel this is not the right time or place for them?

What changes, healing, or supports would you like to see in place for them to be ready in the future

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TEAM LEADER:

Please reflect on both questions to help support a clear and balanced decision:

1. If you believe this youth/young adult *is a good fit* for Kikékyelc at this time:

What gives you confidence that this youth/young adult can be safely and successfully supported at Kikékyelc with our current resources?

What strengths, supports, or signs of stability do you see that suggest they will do well in this environment?

2. If you believe this youth/young adult *is not a good fit* for Kikékyelc at this time:

What specific concerns, risks, or capacity limitations are influencing your decision?

What changes — in the youth/young adult's situation or in our available supports — would need to happen to consider them a better fit in the future?

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SCREENER TO COMPLETE:

Outcome

- ☐ Youth/young adult has been screened out at this time, as they are not a good fit for Kikékyelc: A Place of Belonging at this time.
- ☐ Youth/young adult has been screened in at this time; they will be a good fit for Kikékyelc: A Place of Belonging at this time.
- ☐ Youth/young adult is interested and willing to receive services from Kikékyelc Yes _____ No _____
- ☐ The Intake Screening Map is attached to the referral.

SIGNATURES:

SCREENER:		Date:
ELDER:		Date:
DELEGATED TEAM LEADER:		Date: