Lii Michif Otipemisiwak Family and Community Services

INTAKE SCREENING MAP

Lii Michif Otipemisiwak Family and Community Services

Li Zhoornii:
Nom di Screener:
Nom di Caller & Role:
Contact Information for Caller:
Type of Call:

Lii Famii/ Li Zhenn Moond:
Telephone Number di Famii/di Zhenn Moond:
Mailing Address di Famii/ di Zhenn Moond:

What are we worried about?	What's Working Well?	What Needs to Happen?
Past Harm **Current Concern** **Future Danger** **Complicating Factors**	**Existing Strengths** **Existing Safety**	**Next Steps**

SCREENING SCALES

CALLER

Immediate Safety Scale:

10 – means even though there have been behaviours that could be, or were harmful for the child, I am confident the child is currently safe.

0 – I believe the child is being harmed, or will be in the coming days or weeks, where would you rate this situation for this child/ren today?

- Number:
- Rationale:

Likelihood Scale:

10 = The likelihood of something serious happening to the child is low, even though there are some concerning factors present in the family situation.

0 = Based on all available information, the chance that something serious will happen to the child soon is very high.

- Number:
  Rationale:

SCREENER

Immediate Safety Scale:

10 – means even though there have been behaviours that could be, or were harmful for the child, I am confident the child is currently safe.

0 – I believe the child is being harmed, or will be in the coming days or weeks, where would you rate this situation for this child/ren today?

- Number:
- Rationale:

Likelihood Scale:

10 = The likelihood of something serious happening to the child is low, even though there are some concerning factors present in the family situation.

0 = Based on all available information, the chance that something serious will happen to the child soon is very high.

- Number:
  Rationale:

ELDER

Immediate Safety Scale:

10 – means even though there have been behaviours that could be, or were harmful for the child, I am confident the child is currently safe.

0 – I believe the child is being harmed, or will be in the coming days or weeks, where would you rate this situation for this child/ren today?

- Number:
- Rationale:

Likelihood Scale:

10 = The likelihood of something serious happening to the child is low, even though there are some concerning factors present in the family situation.

0 = Based on all available information, the chance that something serious will happen to the child soon is very high.

- Number:
  Rationale:

TEAM LEADER

Immediate Safety Scale:

10 – means even though there have been behaviours that could be, or were harmful for the child, I am confident the child is currently safe.

0 – I believe the child is being harmed, or will be in the coming days or weeks, where would you rate this situation for this child/ren today?

- Number:
- Rationale:

Likelihood Scale:

10 = The likelihood of something serious happening to the child is low, even though there are some concerning factors present in the family situation.

0 = Based on all available information, the chance that something serious will happen to the child soon is very high.

- Number:
  Rationale:

INTAKE SCREENING MAP

Lii Michif Otipemisiwak Family and Community Services

INITIAL GENOGRAM

OUTCOME:

- ☐ **PCC Summary (IRR/DRR) Completed**
- ☐ Reasons for Living Inventory Required (when youth aged 16 and older is the subject)
- ☐ Close - No Further Action
- ☐ Needs Further Child Safety Assessment
  - Load to a Memo and upload to ICM
  - Create an Incident or Service Request on ICM
  - Refer to Michif Child Safety Assessor
  - Harm Analysis Matrix Required (Michif Child Safety Assessor only)
- ☐ Divert to Prevention Services Team (voluntary)
- ☐ Divert to Early Childhood Development Team (voluntary)
- ☐ Divert to Child & Youth Mental Health and Wellness Team (voluntary)
- ☐ Divert to Youth Support Services (voluntary)
- ☐ Other_____

RATIONALE FOR OUTCOME:

SCREENER:

1. What is keeping child safe at this time (i.e.: Refer to Existing Safety)?

2. If diverting to another LMO Prevention Team, what is your rationale for diverting family/youth to this team?

INTAKE SCREENING MAP

Lii Michif Otipemisiwak Family and Community Services

ELDER:

1. Why do you believe the child is safe or unsafe at this time?

2. Do you think another LMO Prevention Team would be better to support this family/youth? If so, which one and why?

TEAM LEADER:

1. What is keeping child safe at this time?

SCREENER TO COMPLETE:

- ☐ Guardian/youth is interested and willing to receive services from a LMO Prevention Team Yes _____ No_____
- ☐ If yes, guardian/youth has been notified that a referral will be made to another LMO Prevention Team?
- ☐ The Intake Screening Map is attached to the referral.

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

Lii Michif Otipemisiwak Family and Community Services

INTAKE SCREENING MAP

Lii Michif Otipemisiwak Family and Community Services