



**Aboriginal Mother Centre Society**

OUTREACH DEPARTMENT

**CLIENT WELLNESS PLAN**

**ABORIGINAL MOTHER CENTRE – OUTREACH DEPARTMENT**

Date: \_\_\_\_\_ Clients name: \_\_\_\_\_

Referred to: \_\_\_\_\_ Date for follow up: \_\_\_\_\_

Physical Health:

1. Do you have any physical issues that you need support with?

- Disability
- Hygiene, Hair cuts, showers, laundry etc.
- Free doctors
- Clinics or dentist
- Wheelchair, crutches cane
- Foodbank, quest
- Blankets, clothes shoes

Please Explain:

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Emotional Health:

2. Do you have any emotional issues that you need support with?

- Grief and loss
- Residential school counseling
- Childhood trauma counseling
- Addictions counseling

Please Explain:

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Cultural Health:

3. Do you have any cultural needs?

- Access to elders
- Elders programs
- Access to sweat lodge
- Access to Cultural Events
- Talking Circle
- Drumming Circles

Please Explain:

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Mental Health:

4. Do you have any mental health issues that you need support with?

- Anxiety & Panic Disorders
- Bipolar disorder
- Depression
- Eating Disorders
- Schizophrenia
- Substance Abuse & Addictions

Please Explain:

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PROGRAM UTILIZING AT ABORIGINAL MOTHER CENTRE OUTREACH DEPARTMENT

\_\_\_\_\_ HOUSING FIRST    \_\_\_\_\_ NON HOUSING FIRST    \_\_\_\_\_ HPP SUPPLEMENT PROGRAM

DATE FOR FOLLOW UP: \_\_\_\_\_ CLIENT SIGNATURE: \_\_\_\_\_

STAFF SIGNATURE: \_\_\_\_\_ PROGRAM MANAGER: \_\_\_\_\_