

Generic Preventative Service Encounter Form

Preventative Services and Programs

[Optional Information collection tool for First Nation Human Service Agencies.]

INTRODUCTION

This form tool is intended to capture information on preventative service events or "Preventative Encounters". Information from multiple preventative service encounters are later combined to enable program managers to report out on aggregated service and program level.

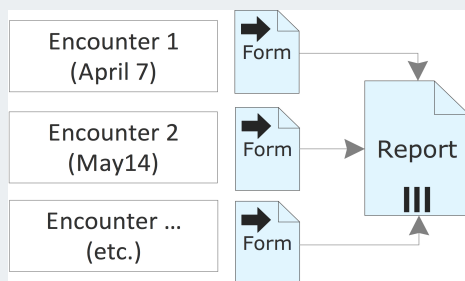
Working Definitions:

Preventative Encounter = an intentional encounter with a client/family/group on a particular date (encounter date) designed or intended to have a specific preventative impact or influence. (E.g. a traditional food preparation class held on Monday, 7th of April).

Service = a specific workflow and set of activities designed to provide benefit to a client/family/group. (E.g. Providing traditional food preparation classes).

Program = An intentional set of services that are designed to contribute towards a specific outcome or objective. (E.g. Cultural Resiliency Program, that consists of traditional language training services, traditional food preparation services, and Elders teachings around cultural values for parenting; the program, through these three service streams, seeks to build more stronger and more resilient families for our community).

This Generic Preventative Encounter Form is intended to be filled in to capture each Preventative Encounter that occurs for a particular program as determined by your organization. This will allow your organization's *Form Administrator* to combine all of the records from the various preventative encounters into an overall program report for a particular period of time.



Step 1: Service Provider (or Data Entry Clerk) completes the form for EACH **Preventative Encounter** for the targeted services/programs the Agency has chosen to be captured through this form-tool.

Step 2: Service Provider (or Data Entry Clerk) submits completed form by clicking the submit button at end of form.

Step 3: The designated "Form Administrator" for the agency electronically receives the form data and compiles into a spreadsheet to be provided to the Program Manager for analysis and reporting purposes. (See also any associated instruction documentation for this form)

Privacy Statement: The information you provide in this form document is collected under the authority of your employer and will be stored by the designated "Forms Administrator" for your Agency. The information will be used in support of the purpose of management and planning for, and reporting on, programs and services.

At the discretion, and direction of, your Agency, the Optional client identifier fields in the form can be used for the purpose of linking encounters to a secured information management system, when such exists for an agency. Using the client identifier fields will result in this form document containing personal and private information. This form contains Community Information and possibly private personal information therefore it is considered private and confidential service information. It is the responsibility of yourself and your agency to protect this personal information according to agency privacy policy and provincial privacy legislation.

A. GENERAL INFORMATION

Provider Name: _____ Name of person who provided the service

Organization: _____ Name of Service Organization

Encounter Date: **Encounter Location:**

Name of Community where Encounter occurred:

Total # of Agency staff who delivered this service?

Total # other Service Providers or volunteers external to Agency assisting in service?

Describe briefly any contributive role of partner agencies in the preventative encounter:

Describe briefly, in general terms, any successes or lessons learned from this encounter:

Total estimated hours of effort entailed in planning, provision, and follow-up for this Preventative Encounter for all agency staff involved? (round to the nearest half hour. 1=one hour, 1.5= one and one half hour, etc.) **HRS**

Encounter Type?	Individual	Family
	Small Group (2-10)	Large Group (11+)

Total number of MALE clients reached in this preventative service encounter?

Total number of FEMALE clients reached in this preventative service encounter?

IF "Individual", "Family" or "Small Group" was selected above please fill Section B. If "Large Group" was selected skip to Section C.

C. SERVICE INFORMATION

INSTRUCTION: SELECT ONE OR MORE OF THE SERVICE FOCUS SECTIONS BELOW AS APPLICABLE and complete the other associated fields for each service focus as relevant.

SERVICE FOCUS: **INDIVIDUAL PREVENTATIVE SUPPORT**

Service Name/Label:

Description of specific service/preventative effort:

Cultural component?

If the service effort had cultural components please check ALL of the items to the right that reflect the activity/activities.

- | | | |
|----------------------|----------------------|-------------------------|
| Traditional Foods | Elders Guidance | Language Skills |
| Longhouse Activities | Traditional Ceremony | Sweat Lodge |
| Medicines | Rites of Passage | Story Telling |
| Cultural Values | Arts | Dance |
| Music | Use of Land | Gathering & socializing |
| Knowledge of Family | Heritage and History | Strengthening Practice |
| Reinforcing Roles | Mutual Support | Retreat/Travel |
| Other | | |

SERVICE FOCUS: **FAMILY PREVENTATIVE SUPPORT**

Service Name/Label:

Description of specific service/preventative effort:

Cultural component?

If the service effort had cultural components please check ALL of the items to the right that reflect the activity/activities.

- | | | |
|----------------------|----------------------|-------------------------|
| Traditional Foods | Elders Guidance | Language Skills |
| Longhouse Activities | Traditional Ceremony | Sweat Lodge |
| Medicines | Rites of Passage | Story Telling |
| Cultural Values | Arts | Dance |
| Music | Use of Land | Gathering & socializing |
| Knowledge of Family | Heritage and History | Strengthening Practice |
| Reinforcing Roles | Mutual Support | Retreat/Travel |
| Other | | |

SERVICE FOCUS: **COMMUNITY PREVENTATIVE SUPPORT**

Service Name/Label:

Description of specific service/preventative effort:

Cultural component?

If the service effort had cultural components please check ALL of the items to the right that reflect the activity/activities.

Traditional Foods	Elders Guidance	Language Skills
Longhouse Activities	Traditional Ceremony	Sweat Lodge
Medicines	Rites of Passage	Story Telling
Cultural Values	Arts	Dance
Music	Use of Land	Gathering & socializing
Knowledge of Family	Heritage and History	Strengthening Practice
Reinforcing Roles	Mutual Support	Retreat/Travel
Other		

SERVICE FOCUS: **SERVICE INTEGRATION PREVENTATIVE SUPPORT**

Service Name/Label:

Description of specific service/preventative effort:

Cultural component?

If the service effort had cultural components please check ALL of the items to the right that reflect the activity/activities.

Traditional Foods	Elders Guidance	Language Skills
Longhouse Activities	Traditional Ceremony	Sweat Lodge
Medicines	Rites of Passage	Story Telling
Cultural Values	Arts	Dance
Music	Use of Land	Gathering & socializing
Knowledge of Family	Heritage and History	Strengthening Practice
Reinforcing Roles	Mutual Support	Retreat/Travel
Other		

SERVICE FOCUS: **OTHER**

Service Name/Label:

Description of specific service/preventative effort:

Cultural component?

If the service effort had cultural components please check ALL of the items to the right that reflect the activity/activities.

- | | | |
|----------------------|----------------------|-------------------------|
| Traditional Foods | Elders Guidance | Language Skills |
| Longhouse Activities | Traditional Ceremony | Sweat Lodge |
| Medicines | Rites of Passage | Story Telling |
| Cultural Values | Arts | Dance |
| Music | Use of Land | Gathering & socializing |
| Knowledge of Family | Heritage and History | Strengthening Practice |
| Reinforcing Roles | Mutual Support | Retreat/Travel |
| Other | | |

Press the **Submit** button to complete and send form.

