



**Canadian Mental
Health Association**
Kelowna
Mental health for all

Family Navigation

Confidentiality Agreement

Everything that is discussed with the Family Navigator will remain strictly confidential. Both verbal information and written records cannot be shared with another party without the written consent of the Client/Caregiver.

There are certain exceptions where the Family Navigator is legally bound to break confidentiality

The exceptions are as follows:

Duty to warn and protect

When a client/caregiver discloses intention to harm someone the Family Navigator is legally required to report this information to the legal authorities.

When a client discloses or implies a plan for suicide the Family Navigator is required to contact the legal authorities and notify the family of the client/Caregiver.

Abuse of children and vulnerable adults

If a client states or suggests that he or she is abusing a child (or vulnerable adult) or has recently abused a child or (vulnerable adult) or that a child or (vulnerable adult) is in danger of abuse the Family Navigator is required to report this information to the appropriate legal authorities.

I have read the above and understand its contents:

Signature of Caregiver _____ Date _____

Signature of Family Navigator _____ Date _____



Family /Caregivers Assessment

Caregivers Name: _____ DOB: _____

Address _____ Email: _____

Telephone: _____ Cell: _____ Permission to leave message? **Yes** **No**

Marital Status: Single Married Partnered Divorced Widowed

1) **Referral source:** _____

2) **Do you have any support from other community agencies?** Yes No

If yes, organization & staff member:

3) **Religion/Spiritual/Cultural identity**

What spiritual or religious issues are important to you, how does your cultural heritage influence you?

4) **Name of child/family member cared for:**

Relationship to Caregiver _____

DOB: _____ Male Female Transgender

Living at home: Yes No if no, current living situation

5) **Needs of the child/ family member cared for:**

Mental ill health YES NO Physical disability YES NO

Learning disability YES NO Substance Misuse YES NO

Sensory impairment YES NO

Further Comments:



6) **What are your main reason(s) for Seeking support from CFTC Family Navigator**

- Navigation and connection of community supports
- Education on coping skills /mental illness
- Social and peer connection

7) **Do you have a family physician? Yes No**

If yes, is your physician aware that you are a caregiver Yes No

Name of physician:

8) **Do you have any health concerns? Yes No**

9) **What help/support do you provide to the child/family member you care for?**

- Emotional Support
- Manage their money/finances
- Arranging providing transport
- Physical support
- Dealing with aggression, violence or verbal abuse
- Cooking/shopping etc.

10) **On average how many hours a day do you care for your child/family member, or need to be available?**

11) **On average how many hours does the child/family member you care for receive care from social or voluntary services?**

12) **Are there young family members/siblings within the home that could be affected by your caring role?**

If yes, DOB: _____
DOB: _____

Male Female Transgender
Male Female Transgender



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13) **How does the support you provide affect your relationships**

14) **How does the support you provide affect your own health and wellbeing?**

15) **If you are feeling under stress or finding life particularly difficult Do you have a support network, family/friend/professional that you are able to talk to?**

16) **Work/Employment are you currently working** Yes No Full time Part Time

If answer is no, what is your current source of income:

15) **Would you like to return to work or study?**

16) **Hobbies/Social activities**

Present or past interests

17) **Legal/Financial stressors:**

Pending or present litigation/debt/involvement with police



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18) **What do you feel would help your situation?**

19) **Is there anything that is relevant or important that you feel I should know about?**

Relationship issues/neighbour issues/

20) Do you give permission for CMHA Kelowna to send you emails about upcoming events related to Family Caregivers

Yes

No

***Please complete this form to the best of your
ability and then send it to:
family.navigators@cmha.bc.ca***