



SHUSWAP CHILDREN'S ASSOCIATION REFERRAL FORM

CHILD INFORMATION

Male Female

Child's Name: _____ DOB: _____
(Print Name Please) Last Name First Name Month Day Year

PARENT/GUARDIAN INFORMATION (contact information is vital, please include email, cell etc.)

Home No.: _____ Cell No.: _____ Work No.: _____

Parent/Guardian 1: _____ Relationship to Child: _____
(Print Name Please) Last Name First Name Foster Parent Yes No

Parent/Guardian 2: _____ Relationship to Child: _____
(Print Name Please) Last Name First Name Foster Parent Yes No

Physical Address: _____

City: _____ Postal Code: _____ Mailing Address: _____
 Same as Physical

Email: _____ (used strictly for office use only)

Would you would like to receive Shuswap Children's Association's workshop/event email notifications? Yes No

Is the child of Aboriginal Heritage? Yes No Language Spoken (if not English): _____

Child's Family Doctor: _____ Phone No.: _____

Parent/Legal Guardian consent is MANDATORY in order to receive service.

Parent/Legal Guardian Signature: _____ Date: _____

Check all that apply	PROGRAMS REQUESTED	Check if URGENT
<input type="checkbox"/>	Family Support Worker <i>(birth to 19 yrs of age)</i>	<input type="checkbox"/>
<input type="checkbox"/>	Fetal Alcohol Spectrum Disorder Keyworker <i>(birth to 19 yrs of age)</i>	<input type="checkbox"/>
<input type="checkbox"/>	Infant Development Program <i>(birth to 3rd birthday)</i>	<input type="checkbox"/>
<input type="checkbox"/>	Occupational Therapy <i>(birth to kindergarten entry)</i>	<input type="checkbox"/>
<input type="checkbox"/>	Physiotherapy <i>(birth to kindergarten entry)</i>	<input type="checkbox"/>
<input type="checkbox"/>	Respite Care <i>(birth to 19 yrs of age; MCFD referred)</i>	<input type="checkbox"/>
<input type="checkbox"/>	Supported Child Development <i>(birth to 12 yrs of age; >12 yrs old by exception)</i>	<input type="checkbox"/>
<input type="checkbox"/>	Current Child Care Program: _____ <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri Start Time: _____ End Time: _____	<input type="checkbox"/>
<input type="checkbox"/>	The LOFT <i>(5 to 19 yrs of age; MCFD Family Support)</i>	<input type="checkbox"/>

Reason for Referral:

Referred By: _____ Phone: _____
(Print Name Please)

Relationship to Child: _____ Date: _____

Please Send Referral To: Shuswap Children's Association · PO Box 2579 · Salmon Arm, BC · V1E 4R5 ·

www.shuswapchildrens.ca Phone: 250-833-0164 ext 0 · Fax: 250-833-0167 · Email: Info@shuswapchildrens.ca

DESCRIPTION OF PROGRAMS

Family Support Worker (FSW): Emotional and informational support for families dealing with a diagnosis.

- Help parents coordinate all of their child's services.
- Connecting families with resources within the community.
- Provide training and support for parents on advocacy for their child
- Assist families in transitioning from one service to another.
- Creating behavioral strategies for children and parents.
- Grief and loss support.
- Weekly scheduling and structural planning.

Fetal Alcohol Spectrum Disorder (FASD) Key Worker Program: Provides support to biological, foster, and adoptive families with children who may have Fetal Alcohol Disorder.

- Primarily provides support, advocacy, and education to families, caretakers, and children.
- Guides families through FASD assessment process.
- Provides resources and information to parents and caregivers.

Infant Development Program (IDP): Home-based program for children 0-3 with special needs, or at risk for developmental delays.

- Referrals from parents and others (caregivers, public health nurses, physicians) welcome.
- Home visits, family support and developmental assessments.

MCFD Respite Care: Short-term child care weekly, monthly or annually, for children 0-19.

- Must be eligible for MCFD services.
- Care provided in child's home or in caregiver's home.

MCFD The Loft: Group or individual support for children 5-19.

- Must be eligible for MCFD services.
- Emphasis on social and life skills.

Occupational Therapy (OT): Assists parents and children birth to school age with special needs or learning difficulties with the activities of daily living.

- Referrals from parents and others (caregivers, public health nurses, physicians) welcome.
- Home-based consultation service.

Physiotherapy (PT): Works to improve development in movement, mobility and other muscular difficulties.

- Serves children birth to school age with developmental and special needs, through home-based consultation.
- Referrals from parents and others (caregivers, public health nurses, physicians) welcome.

Supported Child Development (SCD): Provides support to children with developmental, behaviour or special needs attending child care programs.

- Serves children 0-12; support may extend to children over 12 in special circumstances.
- Provides support to child care staff for children on our caseload.