

# SHUSWAP CHILDREN'S ASSOCIATION REFERRAL FORM

Gender: \_\_\_\_\_ (optional, for reporting purposes)  of Aboriginal Heritage?

Child's Name (Print Name) _____ First Name _____ Last Name _____	DOB _____ Month _____ Day _____ Year _____
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Family Doctor: \_\_\_\_\_ Pediatrician: \_\_\_\_\_

Diagnosis (if known): \_\_\_\_\_

Reason for Referral: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  See attachments

## Parent/Guardian Information (contact information is vital, please include email, cell etc.)

Parent/Guardian: \_\_\_\_\_  
(Print Name) \_\_\_\_\_ First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Relationship to Child:  Parent  Family Member  Foster Parent  SW

Parent/Guardian: \_\_\_\_\_  
(Print Name) \_\_\_\_\_ First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Relationship to Child:  Parent  Family Member  Foster Parent  SW

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Same as Physical Address

Email Address: \_\_\_\_\_  
(Office Use Only)

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

Cell # \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_

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

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### PROGRAM(S) REQUESTED

- Infant Development Program** (birth to 3 yrs of age)
- Physiotherapy** (birth to kindergarten entry)  **Occupational Therapy** (birth to kindergarten entry)
- Supported Child Development** (birth to 12 yrs of age; >12 yrs old by exception)  
Child Care Centre \_\_\_\_\_  
 Mon  Tues  Wed  Thurs  Fri Start Time: \_\_\_\_\_  am  pm End Time: \_\_\_\_\_  am  pm
- Fetal Alcohol Spectrum Disorder (FASD) Keyworker** (birth to 19 yrs of age)
- Under 6 Autism Services Program** (for fee service)
- Ministry of Child and Family Development Referral Only**
- Respite** (birth to 19 yrs of age)  **The Loft** (birth to 19 yrs of age)  **Behaviour Support Services** (birth to 19 yrs of age)

Referred By: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Print Name Please)

Agency/Title: \_\_\_\_\_ Date: \_\_\_\_\_

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## DESCRIPTION OF PROGRAMS

**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.

**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.

**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.

**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.

**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.

**Under 6 Autism Services Program:** Assist families to understand and support their child with ASD.

- This is a for fee service.
- The Behaviour Consultant and Senior Behaviour Interventionist work with the family and child to assess their strengths/needs and create an initial Behaviour Plan of Intervention (BPI) that will recommend actions to promote adaptive behaviors.

**MCFD Behaviour Support Services:** For children 6-19 years of age

- Must be eligible for MCFD services.
- To help children with social skills, communication, life skills, increased positive behaviour, behaviour management, sensory integration and improved family functioning.

**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.