

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
---	-----------------------------

Family Doctor: _____ Pediatrician: _____

Diagnosis (if known): _____

Reason for Referral: _____

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 No: _____ Home No n/a _____ Work No: _____

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

Parent/Legal Guardian Signature: _____ Date: _____

Verbal Consent received by: _____ 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: _____

SHUSWAP CHILDREN'S ASSOCIATION REFERRAL FORM

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.