

# SHUSWAP CHILDREN'S ASSOCIATION REFERRAL FORM – FAX 250-833-0167

<b>Child's Name</b> _____			<b>DOB</b> _____		
(Print Name)	First Name	Last Name	Month	Day	Year
<b>Child's Gender:</b> _____			(optional, for reporting purposes) <input type="checkbox"/> Is child of Aboriginal Heritage?		
<b>Cell #:</b> _____		<b>Home #:</b> _____		<b>Work#:</b> _____	
<b>Parent/Guardian:</b> _____					
(Print Name)	First Name	Last Name	Relationship to Child: <input type="checkbox"/> Parent <input type="checkbox"/> Family Member <input type="checkbox"/> Foster Parent <input type="checkbox"/> SW		
<b>Parent/Guardian:</b> _____					
(Print Name)	First Name	Last Name	Relationship to Child: <input type="checkbox"/> Parent <input type="checkbox"/> Family Member <input type="checkbox"/> Foster Parent <input type="checkbox"/> SW		
<b>Physical Address:</b> _____				<b>City:</b> _____	
<input type="checkbox"/> Mailing Address is the same as Physical Address					
<b>Mailing Address:</b> _____				<b>Postal Code:</b> _____	
<b>Email Address:</b> _____					
<input type="checkbox"/> Yes <input type="checkbox"/> No <b>Would you would like to receive Shuswap Children's Association's workshop/event email notifications?</b>					

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

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

Date: \_\_\_\_\_

<b>Family Doctor:</b> _____	<b>Pediatrician:</b> _____
<b>Diagnosis (if known):</b> _____	
<b>Reason for Referral:</b> _____	
_____	
_____	
_____ <input type="checkbox"/> See attachments	

<b>Program(s) Referral To:</b>	
<input type="checkbox"/> <b>Infant Development Program</b> (birth to 3 yrs of age)	
<input type="checkbox"/> <b>Physiotherapy</b> (birth to kindergarten entry)	<input type="checkbox"/> <b>Occupational Therapy</b> (birth to kindergarten entry)
<input type="checkbox"/> <b>Supported Child Development</b> (birth to 12 yrs of age; >12 yrs old by exception)	
Child Care Centre _____	
<input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri Start Time: _____ <input type="checkbox"/> am <input type="checkbox"/> pm End Time: _____ <input type="checkbox"/> am <input type="checkbox"/> pm	
<input type="checkbox"/> <b>Fetal Alcohol Spectrum Disorder (FASD) Keyworker</b> (birth to 19 yrs of age)	
<input type="checkbox"/> <b>The Nest</b> (0 to 6 yrs old) <b>Autism Services Program</b> (using the child's ASD funding)	
<b>Ministry of Child and Family Development, Child and Youth Special Needs Referral Only</b>	
<input type="checkbox"/> <b>Respite</b> (birth to 19 yrs of age) <input type="checkbox"/> <b>The Loft</b> (6 to 19 yrs of age) <input type="checkbox"/> <b>Behaviour Support Services</b> (6 to 19 yrs of age)	

Referred By: \_\_\_\_\_ Phone: \_\_\_\_\_

(Print Name Please)

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

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## DESCRIPTION OF PROGRAMS

***Referrals welcome from parents and others (caregivers, public health nurses, physicians).***

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

- 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.

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

- 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.

**The Nest under 6 Autism Services Program:** Assists families to understand and support their child with ASD.

- This is a for fee service using the child's Autism funding.
- 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.

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***Referrals only from the Ministry of Children and Family Development (MCFD),  
Children and Youth with Special Needs (CYSN).***

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

- To help children with social skills, communication, life skills, increased positive behaviour, behaviour management, sensory integration and improved family functioning.

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

- Care provided in child's home or in caregiver's home.

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

- Emphasis on social and life skills.