



Child's Name		DOB			
(Print Name) First Name Last	Name		Month	Day	Year
Child's Gender:	☐ Is chi	ld of First Nations, Metis	s, Inuit he	ritage? (o	ptional, for reporting purposes only)
Cell #:	Home #:		Work #:		
Parent/Guardian:		Contact	t #:		
(Print Name) First Name	Last Name	Relationship to	Child: 🗆 Pare	ent 🗆 Famil	y Member □ Foster Parent □ SW
Parent/Guardian:		Contact	t #:		
(Print Name) First Name	Last Name	Relationship to	Child: 🗆 Par	ent 🗆 Famil	y Member Foster Parent SW
Physical Address:			City:		
☐ Mailing Address is the same as Physical A	\ddress				
Mailing Address:			Posta	Code:	
Email Address:					
□ Yes □ No Would you would like to receive	e Shuswap Children	's Association's workshop/ev	ent email n	otifications	;?
Family Doctor:		Pediatrician:			
Diagnosis (if known):					
Reason for Referral:					
					□ See attachments
FREE Program(s):					
☐ Infant Development Program (b	irth to 3 yrs of age				
☐ Physiotherapy (birth to kindergarte	n entry)	☐ Occupation	nal Thera	ı py (birth	to kindergarten entry)
☐ Supported Child Development (ing to attend child care ce	ntres: un t	o school a	ge)
Child Care Centre					B-7
☐ Fetal Alcohol Spectrum Disorde					
FEE FOR SERVICE Program(s): ther				ndina or	nrivate funds
			utisiii ju	nung or	
☐ The Nest − Autism Services Pro	-	yrs of age)			
☐ Project Affinity (8 to 18 yrs of age)				
☐ Positive Behaviour Support (bi	rth to 18 yrs of age	2)			
Parent/Legal Guardian consent is MA	NDATORY to reco	eive service.			
Parent/Legal Guardian Signature:			n	ate.	
. a.e.iiy Legai Saaraian Signatare.				<u></u>	
				_ Phone	:
(Print Name Please) Agency/Title:				Date:	

DESCRIPTION OF PROGRAMS

Referrals welcome from parents, caregivers, and professionals.

Infant Development Program (IDP):

For children 0-3 yrs old with special needs, or at risk for developmental delays.

• Office and/or home visits, family support and developmental assessments.

Physiotherapy (PT):

For children birth to school age with developmental and special needs.

• Office and/or home visits for support to improve development in movement, mobility, and other muscular difficulties.

Occupational Therapy (OT):

For children birth to school age with special needs or learning difficulties with the activities of daily living.

• Office and/or home visit.

Supported Child Development (SCD):

For children birth to school age with developmental, behaviour or special needs attending childcare programs.

• Provides support for children and child care staff.

Fetal Alcohol Spectrum Disorder (FASD) Key Worker Program:

For children birth to 18 yrs old who may have FASD.

- 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: Families use their Autism Funding or privately pay For children under 6 yrs old with a diagnosis of ASD, supported with individualized services.

- Goals are customized to each child's needs and each family's priorities.
- Service options available 2 or 4 days per week.

Project Affinity - Families use their Autism Funding or privately pay

For children 8 to 18 yrs old with disabilities and/or a diagnosis of ASD (must be able to attend independently).

• To encourage positive peer learning and exploration of social skills with peers. All activities are held in groups; after school, or in day camps during school breaks and through the summer.

Positive Behaviour Support: Families use their Autism Funding or privately pay

For children birth to 18 yrs old with development or behaviour concerns and/or diagnosis of ASD.

- Conduct behavioural assessments.
- Write behaviour support plans.
- Coach parents (and/or other caregivers) on implementation of behaviour support plans.