

SUMMIT HUMAN SERVICES SUDBURY/ SIMCOE COUNTY

Summit Human Services Simcoe County Inc.
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Summit Human Services Sudbury
1776 Lasalle Blvd, P.O. Box 2787
Sudbury, ON P3A 5J3
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Achieving Peak Potential

REFERRAL FORM

Please complete all sections of this form, if possible. Note all reports that are included and/or to be sent when available.

DATE OR REFERRAL: _____ ANTICIPATED DATE OF PLACEMENT: _____

REFERRING AGENCY: _____ CHILD'S WORKER: _____

AGENCY'S ADDRESS: _____

CONTACT PERSON: _____ PHONE NUMBER: _____

TYPE OF REFERRAL: _____ Respite Placement (Under 7 Days)
_____ Short Term Placement (7 to 90 days)
_____ School Term Placement (1 year)
_____ Long Term Placement (over 1 year)

NAME OF REFERRAL: _____ FILE #: _____ SEX: _____

AGE: _____ D.O.B.: _____ WARDSHIP STATUS: _____

If a Temporary Care Agreement will be signed, what is the expiry date? _____

** Please note a copy of the Temporary Care Agreement that outlines the obligations and provisions for health care is required by Summit Human Services Sudbury / Summit Human Services Simcoe County Inc. prior to the admission of the child/youth.

REASON FOR REFERRAL:

RISK INDICATORS:

BEHAVIOURAL OR DEVELOPMENTAL CONCERNS/ISSUES:

CHILD'S PERSONALITY/ STRENGTHS/APTITUDES:

DESIRED GOALS DURING PLACEMENT:

PLACEMENT HISTORY:

PREVIOUS SETTING: _____ REASON FOR MOVE: _____

LEGALS GUARDIAN: _____ PHONE: _____

MOTHER'S NAME: _____
FATHER'S NAME: _____
OTHER: _____

PHONE: _____
PHONE: _____
PHONE: _____

HOW MUCH CONTACT DOES THE YOUNG PERSON HAVE WITH BIO.PARENTS/FAMILY:

APPROVED CONTACTS
And RELATIONSHIPS

ADDRESS

PHONE

FAMILY/ SOCIAL HISTORY AND ANY CONCERNS:

PREVIOUS ABUSE AND/OR ALLEGATIONS WHILE IN CARE:

EDUCATION:

SCHOOL: _____

PHONE: _____

Special Needs _____

Public _____

Catholic _____

GRADE: _____

CONTACT PERSON: _____

If an IPRC exists, please attach to the referral to identify educational needs and resources.

EDUCATIONAL CONCERNS:

LEGAL MATTERS:

PROBATION OFFICER: _____ PHONE: _____

ANY COURT INVOLVEMENT AND CONVICTIONS:

ANY FUTURE COURT APPEARANCES:

MEDICAL HISTORY:

FAMILY PHYSICIAN: _____	PHONE: _____
DENTIST: _____	PHONE: _____
OPTOMETRIST: _____	PHONE: _____
PAEDIATRICIAN: _____	PHONE: _____
ORTHODONTIST: _____	PHONE: _____
PSYCHOLOGIST: _____	PHONE: _____

MEDICAL CONDITION:

MEDICATION REQUIRED: YES _____

NO _____

TYPE: _____

DOSAGE: _____

TYPE: _____

DOSAGE: _____

TYPE: _____

DOSAGE: _____

TYPE: _____

DOSAGE: _____

ALLERGIES:

HEALTH CARD NUMBER: _____

MEDICAL REQUIRED: YES _____ NO _____ DATE OF LAST EXAM: _____

OPTICAL REQUIRED: YES _____ NO _____ DATE OF LAST EXAM: _____

DENTAL REQUIRED: YES _____ NO _____ DATE OF LAST EXAM: _____

HEARING REQUIRED: YES _____ NO _____ DATE OF LAST EXAM: _____

PSYCHOLOGICAL: YES _____ NO _____ DATE OF LAST EXAM: _____

OTHER NECESSARY APPOINTMENTS:

PHYSICAL DESCRIPTION:

RACE: _____

WEIGHT: _____

PRIMARY LANGUAGE: _____

BUILD: _____

EYE COLOUR: _____

HEIGHT: _____

HAIR COLOUR: _____

HAIR STYLE: _____

SCARS, MARKS, TATTOOS AND PIERCINGS:

CONDITION OF TEETH:

SPEECH:

FRIENDS' NAMES:

ADDRESS

PHONE

CLOTHING: YES _____ NO _____

MONEY AVAILABLE: YES _____ NO _____

ITEMS IN NEED OF AT TIME OF PLACEMENT:

INTERESTS AND HOBBIES:

ADDITIONAL INFORMATION:

DOCUMENTATION ENCLOSED OR TO FOLLOW:

Referral Completed by Phone Date

Risk Factors – Child Information Form

Identified Risk Factors	Yes	No	Suspected	Unknown
PERSONALITY / BEHAVIOUR				
Impulsive				
Depressed				
Low Self Esteem				
Shy / Withdrawn				
Tantrums				
Short Attention Span				
Bedwetting				
Sleep disorders / difficulties				
Hoarding				
Food disorders				
Lying / Fabricating				
Phobias				
Obsessive				
Stealing				
Hygiene Issues				
Physically Aggressive				
Verbally Aggressive				
Resistance to Authority				
Destructive				
Allegations Against Caregiver				
FAMILY CIRCUMSTANCES				
Victim of Neglect				
Victim of Physical / Sexual Abuse				
Parent – child conflict				
Split Siblings				
Prettified				
SCHOOL				
Truancy				
Low Achievement / Motivation				
Learning Difficulties				
Disruptive Classroom Behaviour				
Disruptive School Yard Behaviour				

VULNERABILITY			
Alcohol Abuse			
Substance Abuse			
Self Mutilation			
Running			
Wailing			
Theft			
On Probation			
Completed open or secure custody time (length)			
Socially inappropriate behaviour in the home			
Socially inappropriate behaviour in the community			
Fire setting			
High Risk of victimizing others			
High Risk of being a victim			
Suicidal Ideation			
Sexually Active			
Inappropriate Sexual Activity / Play			
SOCIAL / ENVIRONMENTAL			
Problems with Peers (same age)			
Problems with Peers (younger children)			
No or Few Friends			
No Personal Interests			
Limited Organized Activities			
Poor Use of Time			
EXPAND ON PRIORITY ISSUES:			