The Children's Foundation

CEDARWOOD FAMILY PROGRAM
#1000 (10th Floor) 13737-96 Ave., Surrey, BC V3V 0C6
Phone: 778-945-1690 Fax: 778-395-3327

CEDARWOOD Screening Tool for families with OPEN MCFD file: for considering Cedarwood Family Program Referrals.

Note: Ask client whatever questions you need to, to determine the likely answer to each item below.
If in doubt, consult with the MCFD CEDARWOOD liaison or with CEDARWOOD directly.
This list reflects CEDARWOOD policy, but exceptions may be warranted.

Item: **Circle YES or NO:**

1. Is child 12.0 years of age or less? ..... Yes / No
2. Has the behaviour problem been going on a long time (e.g. over 6 months)? ..... Yes / No
3. Are behaviour problems more than a reaction to a specific event/situation? ..... Yes / No
4. Are problems likely to threaten the stability of the home or school placement, or the child's well being (but primarily non-protection)? ..... Yes / No
5. Have less intensive community helpers been tried, including physician? ..... Yes / No (For example: school counsellor, CHADD, Parents Together, church, relatives)
6. Does family have the motivation and the means to attend at least one appointment weekly, usually in Surrey (some day, some evening) for up to 1 year? ..... Yes/No

If NO to *any* of the above, refer client back to try less intensive community supports.

If "YES" to all, continue:

7. Can the family safely wait for CEDARWOOD services to become available? (CEDARWOOD is not able to be an emergency service) ..... Yes / No

If "NO", **refer to a more rapid-access service.**

If "**YES**", then this is an appropriate referral to CEDARWOOD; please continue:

9. Will MCFD keep a file open after referral to CEDARWOOD is made? ..... Yes / No

If "NO", (a) refer to CEDARWOOD by completing *Short* Referral form (one page) and fax today to CEDARWOOD. (b) Tell client CEDARWOOD staff will call them to confirm referral and when their spot opens. (c) Open & close MCFD file. (in these cases, a primary Counsellor/Case Manager will be assigned within CEDARWOOD. No further MCFD involvement is necessary unless, or until, child protection or major psychiatric issues arise.)

Lastly, if "YES": (a) Do full length CEDARWOOD Referral form and **fax to Cedarwood Supervisor (currently Zdeno Rusnak 778-395-3327)** for priorization for CEDARWOOD waitlist. (b) Have an MCFD file opened. Primary case manager assigned within MCFD.

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MCFD File staying Open Yes__ No__ MCFD Multi-Disciplinary Team ☐ CYMH ☐

MCFD Social Worker / CYMH Clinician:	Date completed:	District office:
Mailing Address:	Telephone : Email:	Fax:

Section 1 Child (Case name)

Legal name (in full)	Known as:	D.O.B.	Gender:
Primary Caregiver/Guardian:	Child Legal Status		
Address & postal code:	Home Phone:	Work phone:	
Email:	D.O.B.		
Is there a current custody dispute?			
Approx. date of next hearing/court review			
What type of custody agreement is in place?			
Is there a court order mandating counselling for the child?			

Section 2: Family members

Partner's name		Address	
D.O.B.	Involved Yes__ No___	Home Phone	Work phone
Parent living elsewhere		Address	
D.O.B.	Involved Yes__ No___	Home Phone	Work phone

Other family members

Name	Relationship to child	In Home?	D.O.B.	Available
		Y / N		Y / N
		Y / N		Y / N
		Y / N		Y / N
		Y / N		Y / N
		Y / N		Y / N

Section 3: Safety Concerns

FAMILY OR CHILD HAS A HISTORY OF (please check each that apply):

DRUGS	YES ☐	NO ☐	WHO / WHEN	
ALCOHOL	YES ☐	NO ☐	WHO / WHEN	
VIOLENCE	YES ☐	NO ☐	WHO / WHEN	
SUICIDE/SUICIDE IDEATION	YES ☐	NO ☐	WHO / WHEN	
MENTAL ILLNESS	YES ☐	NO ☐	WHO / WHEN	
MEDICAL RISK	YES ☐	NO ☐	WHO / WHEN	
HOSPITALIZATIONS	YES ☐	NO ☐	WHO / WHEN	
OTHER (SPECIFY	YES ☐	NO ☐	WHO / WHEN	

IS THERE DOCUMENTATION OF:

MOTIVATION – family wants help?	YES ☐	NO ☐	WHO / WHEN	
Is family required to attend CFP?	YES ☐	NO ☐	WHO / WHEN	
Abuse – Sexual	YES ☐	NO ☐	WHO / WHEN	
Abuse – Physical	YES ☐	NO ☐	WHO / WHEN	
Abuse – Neglect	YES ☐	NO ☐	WHO / WHEN	
Criminal Charges	YES ☐	NO ☐	WHO / WHEN	

DESCRIBE NATURE OF ANY "YES" ABOVE:

Section 4: Reason for Referral

GIVE A BRIEF DESCRIPTION OF THE NUMBER ONE PRIORITY CHALLENGES (UNRESOLVED ISSUES) (why referral now):

1) MAIN CHILD CHALLENGES (UNRESOLVED ISSUES)?

2) MAIN FAMILY CHALLENGES (UNRESOLVED ISSUES)?

3) OTHER HABITS, ATTITTUDES, BEHAVIOURS (eg: bed wetting, soiling, tics):

Section 5: Current and past referrals:

HAS THE FAMILY BEEN TREATED AS A UNIT BEFORE	Yes ☐	No ☐
IS THE CHILD AT RISK TO COME IN CARE NOW	Yes ☐	No ☐

OTHER CURRENT SERVICES	PHONE NUMBER	CONTACT NAME
1)		
2)		
3)		
4)		

Past professionals

OFFICE:	NAME:	ADDRESS:	TELEPHONE	WHEN (include prev placements):

WHOSE IDEA WAS THE CFP REFERRAL?	HOW LONG HAS MCFD BEEN INVOLVED?

Section 6: Collateral Reports

INFO ITEM	ENCLOSED	AVAILABLE	INFO ITEM	ENCLOSED	AVAILABLE
SCHOOL REPORTS	YES ☐ NO ☐ ☐	YES ☐ NO ☐	MEDICAL REPORT	YES NO	YES NO
MEDS LIST	YES ☐ NO ☐	YES ☐ NO ☐	PSYCHOLOGIST	YES NO	YES NO
PSYCHIATRIC	YES ☐ NO ☐	YES ☐ NO ☐	PROBATION	YES NO	YES NO
SPEECH / HEARING	YES ☐ NO ☐	YES ☐ NO ☐	OTHER (specify)	YES NO	YES NO

Section 7: Medical Information

CHILD'S DOCTOR (GP):	TELEPHONE:	CHILD'S SPECIALIST: (please specify)	TELEPHONE:
IMMUNIZATION UP TO DATE: Y / N	MEDICATIONS:		
PAST SIGNIFICANT DISEASES AND CURRENT HEALTH CONCERNS (eg: allergies, diet, etc.):			
PHYSICAL DESCRIPTION AND HEALTH OF CHILD:			

Section 8: School Information

SCHOOL NAME:	ADDRESS:	DATE LAST ATTENDED:	GRADE FINISHED:	I.E.P. DONE:	SCHOOL PROBLEMS:
				YES ☐	MILD ☐
				NO ☐	MODERATE ☐
				PENDING ☐	SEVERE ☐

STUDENT'S INTERESTS/SKILLS:	REGULAR CLASS?
SOCIAL DEVELOPMENT CLASS?	SCHOOL S.E.A./C.C.W.?
MAIN SCHOOL DIFFICULTY:	
SCHOOL PHONE:	COUNSELLOR'S NAME:
SCHOOL FAX:	CLASSROOM TEACHER:
OTHER SCHOOL CONTACTS OR INFO:	

Section 9 Behaviour of the child (Strengths and Challenges)

ADMISSION CASE STRENGTHS (in order of priority)	ADMISSION CHALLENGESLIST (in order of priority):
1.	1.
2.	2.
3.	3.
4.	4.

Section 10: Family

PLEASE GIVE A BRIEF BACKGROUND ON THE FAMILY. DESCRIBE CULTURE (HOUSEHOLD; SOCIO-ECONOMIC STATUS, LIST IMPORTANT DATES, EVENTS, STRESSORS.

FIRST NATIONS YES ☐ NO ☐ PARENT(S) ARE IMMIGRANTS YES ☐ NO ☐

PLEASE SKETCH A SIMPLE GENOGRAM BELOW (mention losses, conflicts, close bonds – to whom?)

Section 11: Anticipated transition and Closing Planning

AGENCIES AND/OR SERVICES EXPECTED TO BE NEEDED AFTER CLOSING WITH CEDARWOOD
1.
2.
3.