The Children's Foundation

FAMILY CARE SUPPORT PROGRAM
#1000 (10th Floor) 13737-96 Ave., Surrey, BC V3V 0C6
Telephone: 604-434-9101 Fax: 778-395-3327

Family Care Support Services Referral Form

Foster Parent ☐ Out of Care Caregiver ☐

North Fraser ☐ South Fraser ☐

☐ New Referral
☐ Re-Referral

Recommended Reasons for Referral

- ☐ Prevent placement breakdown
- ☐ Transitions
- ☐ New home with 1st placement
- ☐ Support after a Protocol Investigation
- ☐ Parenting strategies to help manage difficult behaviour
- ☐ General parenting support
- ☐ Supporting assessment recommendation
- ☐ Other: ____

Service Being Requested:

- ☐ Family Counsellor
- ☐ Family Counsellor / Child Care Counsellor
- ☐ Family Counsellor / Therapeutic Day Program
- ☐ Family Counsellor / Child Care Counsellor / Therapeutic Day Program
- ☐ Family Counsellor / Foster Parent Connect Parenting Program
- ☐ Family Counsellor / Heartwood House Assessment

CAREGIVER INFORMATION:				
Name:		**Date of Birth:**		
Level of Caregiver: ☐ **Restricted**	☐ **Level 1**	☐ **Level 2**	☐ **Level 3**	☐ **Out of Care**
Address:				
City:		**PROV: BC**		**Postal Code:**
Email Address:				
Phone Number:		**Cell Number:**		
Number of children / Total beds in home:				

RESOURCE WORKER INFORMATION:	
Name:	
Address:	
Agency: ☐ **MCFD** ☐ **Aboriginal**	**Office Code:**
Phone:	**Fax:**
Email:	

REASON FOR REFERRAL:

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CHILDREN IN CARE LIVING IN THE HOME:

Child/Youth	Sex	Birthdate YY-MM-DD	Legal Status	Social Worker	Phone /Fax	Office Code	Referral Document/ Assessment Included
							☐
							☐
							☐
							☐

OTHERS LIVING IN THE HOME:

Name	Sex	Birthdate YY-MM-DD	Relationship to Caregiver

PLEASE INDICATE WHICH SERVICES ARE CURRENTLY INVOLVED:

Service	Active	Service Provided by & Phone Number
One-to-One Worker	☐	
Relief	☐	
School/Day Program	☐	
Caregiver Support Group	☐	
Psychiatrist/Mental Health Team	☐	
Other Professionals Involved	☐	

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HAS THIS CAREGIVER BEEN THROUGH:
Protocol Investigation? ☐Yes ☐No
Quality of Care Investigation: ☐Yes ☐No
If Yes, please indicate if there are any ongoing concerns:

SPECIFIC GOALS TO BE ADDRESSED BY SUPPORT SERVICES:
1.
2.
3.
SPECIFIC STRENGTHS OF CAREGIVERS:
1.
2.
3.

SIGNATURES:		
Caregiver:	Date:	☐ By Phone
Resource Social Worker:	Date:	
Is GSW aware of the referral? ☐ Yes ☐ No		

FOR REFERRAL TABLE USE ONLY:	
Recommendations:	
Referred To (Agency):	Date of Referral: