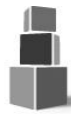




Out of Care Support Referral Form

REFERRAL SOURCE INFORMATION		Date of Referral:	
Referring Social Worker:		District Office:	
Mailing Address:			
City:		PROV: BC	Postal Code:
		Email:	
Work Phone #:		FAX Phone #:	
OUT OF CARE CAREGIVER(S)			
Primary Caregiver:			
Mailing Address:			
City:		PROV: BC	Postal Code:
Date of Birth:	Relationship:	Email:	
Home Phone #	Cell:	Work Phone #:	
<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> C/L <input type="checkbox"/> Widow(er)			
OTHERS IN THE OUT OF CARE HOME			
Name	Date of Birth	Relationship To Caregiver	
Cultural Background, CHILD:		Cultural Background, CAREGIVER:	
Religion / Spiritual Beliefs, CHILD:		Religion / Spiritual Beliefs, CAREGIVER:	
First Language spoken in the home:			
Has a risk assessment been completed? No <input type="checkbox"/> Yes <input type="checkbox"/>			
Are there any safety concerns? Yes <input type="checkbox"/> No <input type="checkbox"/>			



Out of Care Support Referral Form

CHILD / CHILDREN PLACED IN THE OUT OF CARE ARRANGEMENT

Name:	D.O.B.:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Aboriginal Origin:	Band:	PHN: Extended Health: Yes <input type="checkbox"/> No <input type="checkbox"/>
SCHOOL:	PHONE:	TEACHER:
<hr/>		
Name:	D.O.B.:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Aboriginal Origin:	Band:	PHN:
SCHOOL:	PHONE:	TEACHER:
<hr/>		
Name:	D.O.B.:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Aboriginal Origin:	Band:	PHN:
SCHOOL:	PHONE:	TEACHER:

PARENTS

Name:	AGE:	Relationship:
Address	City:	Postal Code
E-Mail	PHONE:	TEACHER:
<hr/>		
Name:	AGE:	Relationship:
Address	City:	Postal Code
E-Mail	PHONE:	TEACHER:

OUT OF CARE PLACEMENT INFORMATION

Child in the home of a relative (CIHR)	<input type="checkbox"/>	Custody Order (specify)	<input type="checkbox"/>
Extended Family	<input type="checkbox"/>	Informal Agreement	<input type="checkbox"/>
Other Arrangements (please explain):			
Comments:			

OTHER PLACEMENT HISTORY OF CHILDREN

Duration:	Placement:



Out of Care Support Referral Form

BRIEF HISTORY OF SITUATION THAT LEAD TO OUT OF CARE ARRANGEMENT:

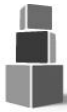
BRIEF CASE HISTORY OF CHILD (any diagnoses, assessments, health or other needs...):

CURRENT SERVICES AND OTHER PROFESSIONALS INVOLVED

Name:	Phone:

ISSUES REFERRING SOCIAL WORKER WOULD LIKE TO BE ADDRESSED

1.
2.
3.
4.



Out of Care Support Referral Form

ISSUES CAREGIVER WOULD LIKE TO BE ADDRESSED

1.
2.
3.
4.

OTHER SUPPORTING DOCUMENTS ATTACHED

Out of Care Agreement	<input type="checkbox"/>	Assessments	<input type="checkbox"/>
Child's Snapshot	<input type="checkbox"/>	Previous Service Reports	<input type="checkbox"/>
Psychological Reports	<input type="checkbox"/>	School Reports	<input type="checkbox"/>
Custody Order	<input type="checkbox"/>		<input type="checkbox"/>

SIGNATURES

Referring Social Worker:		DATE
Caregiver:		DATE Agreement by Phone: <input type="checkbox"/>
T.C.F. Program Supervisor:		DATE