



Surrey Family Preservation Referral Form

Instructions:

Please ensure all applicable items are filled in so that your referral is not rejected. Referrals will not be accepted without the Social Worker's signature. If the client has not signed the form, the Social Worker MUST attend the intake meeting. Please be advised that children must be in the home or returning to the home within two weeks (firm date) in order for the client to receive service. The client/s need to understand that the program requires a commitment of two sessions with a total of four hours per week. There needs to be a significant risk of removal to qualify for this service.

RISK ASSESSMENT

Given assessed risk factors, does MCFD require 2 social workers to attend the home?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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If Yes, Please specify

Would a recommendation be made to see the Client in office?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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Any known community risks that the TCF staff need to be aware of?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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Strengths/Needs Assessment attached?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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Formal Assessments attached?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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MCFD ASSESSMENT OF THE POTENTIAL FOR PHYSICAL VIOLENCE

WITHIN THE FAMILY:

TOWARDS OTHERS:

- | | |
|---|--|
| <p>1. <input type="checkbox"/> Extreme (Perpetrator should not be in the home)</p> <p>2. <input type="checkbox"/> High (Perpetrator must be supervised around family members)</p> <p>3. <input type="checkbox"/> Moderate (Risk to family but will respond and cooperate with Counsellor)</p> <p>4. <input type="checkbox"/> Low (Client will respond to program alternatives)</p> <p>5. <input type="checkbox"/> None</p> | <p>1. <input type="checkbox"/> Extreme (Police needed when perpetrator is present)</p> <p>2. <input type="checkbox"/> High (Counsellor should meet with perpetrator in the office)</p> <p>3. <input type="checkbox"/> Moderate (Counsellor should be closely monitored)</p> <p>4. <input type="checkbox"/> Low (Counsellor should take appropriate precautions)</p> <p>5. <input type="checkbox"/> None</p> |
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SUPERVISION ORDER?	<input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, please attach)
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CRIMINAL RECORD FOR VIOLENT CRIMES?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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NO CONTACT ORDER?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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CUSTODY DISPUTE?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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ANY FIREARMS IN THE HOME?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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IF YES, ARE THEY LOCKED UP?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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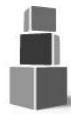
PETS:

DOGS: Breed(s)	How Many?
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Any Reports of Aggression?

Communicable Diseases?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Details:
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Any infestations? (bedbugs, fleas, lice, roaches, etc.)	<input type="checkbox"/> YES <input type="checkbox"/> NO	Explain:
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REFERRAL SOURCE INFORMATION

Referring Social Worker:	District Office:	Date:
Mailing Address:		
City:	PROV:BC	Postal Code:
Date of last home visit:	Email:	
Work Phone #:	FAX Phone #:	
Will file be transferred to another Social Worker or Region?		<input type="checkbox"/> YES <input type="checkbox"/> NO

FAMILY DEMOGRAPHICS

PRIMARY CAREGIVER:	Email:		
Mailing Address:			
City:	PROV:BC	Postal Code:	
Date of Birth:			
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)			
Cultural Background:	Primary Language:	Interpreter Needed? <input type="checkbox"/> YES <input type="checkbox"/> NO	

PARTNER'S NAME:

Mailing Address:			
City:	PROV:	Postal Code:	
Date of Birth:			
Home Phone #:	Cell:	Work Phone #:	

CHILDREN IN FAMILY:

Name	D.O.B.	Status	Relationship to Parent

NAMES OF OTHERS LIVING IN HOME:

Name:	Relationship to Caregivers:



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REFERRAL INFORMATION – PRIMARY CAREGIVER

FAMILY PROBLEMS REPORTED BY MCFD WORKER:

- Alcohol Abuse
- Child Abuse-Emotional
- Child Abuse-Physical
- Child Abuse-Sexual
- Child Behaviour
- Child Neglect
- Child Neglect-Emotional

- Criminal/Police Records
- Delinquent
- Developmental Disability
- Family Conflict
- Hard Services Needed
- Hoarding
- Home Management

- Parenting Issues
- Physical Violence
- Prostitution
- Runaway
- Severe Financial Hardship
- Sexual Abuse

- Substance Abuse
- Suicidal Attempts
- Teen Pregnancy
- Truancy/School Problems
- Any Suspected Mental Health Issues (explain below)

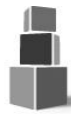
Suspected Mental Health Issues:

Any Diagnosed Mental Health Issues (from a Psychiatrist or Psychologist)? YES NO

Explain:

CASE HISTORY: (please note strengths and historical challenges)

REASON FOR REFERRAL:



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SUMMARY OF PREVIOUS PLACEMENTS OF CHILDREN:

SUMMARY OF CURRENT SERVICES & COUNSELLING ATTEMPTS, AND ALL PROGRAMS PROVIDED::

Name	Dates	Phone (current)

Are children currently in the home?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Children will return to home by what date?
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Issues Referring Social Worker would like to be addressed (Any Attachments Issues?):

1.
2.
3.

REMINDER: Please attach Strength/Needs Assessments, Supervision Order and any Formal Assessment for this referral.

AGREEMENT TO WORK WITH PROGRAM

Although I may not agree with some or all of the content of the referral form submitted by the M.C.F.D. social worker, I (we) do agree that there are family issues for which we need the assistance of an outside program. We are therefore interested in working with the Surrey Family Preservation Program on goals to be developed in a family plan.

SIGNATURES	DATE SIGNED
CLIENT(S):	
MCFD:	