



P.O. Box 24067 Market Mall  
Sault Ste. Marie, Ontario  
P6C 6G7

***Achieving Peak Potential***

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**REFERRAL FORM**

**(Foster Parents are NOT to have any conversation with the placing agency, in regard to a potential placement until the youth has been formally placed in their home.)**

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

REFERRAL TO FOSTER CARE PROGRAM  LARIMAR HOME

DATE OF REFERRAL: \_\_\_\_\_ ANTICIPATED DATE OF PLACEMENT: \_\_\_\_\_

REFERRING AGENCY: \_\_\_\_\_ YOUTH'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 #: \_\_\_\_\_ Male  Female

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 Inc. prior to the admission of the child/youth.\*\***

Does the child or youth self-harm? Yes  No

If yes please give details: \_\_\_\_\_

Has the child harmed another person? Yes  No

If yes please give details: \_\_\_\_\_

Is the child or youth allergic to pets?

Yes  No

If yes please give details: \_\_\_\_\_

\_\_\_\_\_

Has the child or youth intentionally harmed pets?

Yes  No

If yes please give details: \_\_\_\_\_

\_\_\_\_\_

**REASON FOR REFERRAL:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**RISK INDICATORS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**BEHAVIOURAL OR DEVELOPMENTAL CONCERNS/ISSUES:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**YOUTH'S PERSONALITY/ STRENGTHS/APTITUDES:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DESIRED GOALS DURING PLACEMENT:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PLACEMENT HISTORY:

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PREVIOUS SETTING: \_\_\_\_\_ REASON FOR MOVE: \_\_\_\_\_

LEGALS GUARDIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

OTHER: \_\_\_\_\_ PHONE: \_\_\_\_\_

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

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APPROVED CONTACTS And RELATIONSHIPS	ADDRESS	PHONE
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FAMILY/ SOCIAL HISTORY AND ANY CONCERNS:

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PREVIOUS ABUSE AND/OR ALLEGATIONS WHILE IN CARE:

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EDUCATION:

SCHOOL: \_\_\_\_\_ PHONE: \_\_\_\_\_

SPECIAL NEEDS: \_\_\_\_\_ I.E.P.:  Yes  No

PUBLIC: \_\_\_\_\_ CATHOLIC: \_\_\_\_\_

GRADE: \_\_\_\_\_ CONTACT PERSON: \_\_\_\_\_

Has the youth been identified as a youth with special needs through an IPRC. If an Individual Education Plan 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

DIAGNOSES MADE BY A MEDICAL PROFESSIONAL:


Is he or she receiving any type of treatment or counselling for emotional or mental health problems? Is there a threat of harm to self or others?

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Any hospitalizations in the last year? For what reasons?

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FAMILY PHYSICIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_  
DENTIST: \_\_\_\_\_ PHONE: \_\_\_\_\_  
OPTOMETRIST: \_\_\_\_\_ PHONE: \_\_\_\_\_  
PEDIATRICIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_  
ORTHODONTIST: \_\_\_\_\_ PHONE: \_\_\_\_\_  
PSYCHOLOGIST: \_\_\_\_\_ PHONE: \_\_\_\_\_

MEDICAL CONCERNS:

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MEDICATION REQUIRED:  YES  NO

A permission to administer psychotropic drugs must be signed at admission, if prescribed.

NAME	DOSAGE	FREQUENCY

ALLERGIES:  Yes  No

If yes please specify: \_\_\_\_\_

HEALTH CARD NUMBER: \_\_\_\_\_

Version Code: \_\_\_\_\_ Expiry date: \_\_\_\_\_

GREEN SHIELD 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:**

Height:		Weight:		Race:				
Eye Color:		<input type="checkbox"/> Glasses		<input type="checkbox"/> Contact Lenses				
Build		<input type="checkbox"/> Slender/Petite	<input type="checkbox"/> Medium/Average	<input type="checkbox"/> Muscular/Stocky				
Facial Features: (Shape):								
Complexion		<input type="checkbox"/> Light/fair	<input type="checkbox"/> Tan	<input type="checkbox"/> Medium/Dark	<input type="checkbox"/> Very dark			
<input type="checkbox"/> Cosmetics		<input type="checkbox"/> Clean shaven		<input type="checkbox"/> Bearded				
<input type="checkbox"/> Moustache								
Hair Color		<input type="checkbox"/> Red	<input type="checkbox"/> Blond	<input type="checkbox"/> Black	<input type="checkbox"/> Brown	<input type="checkbox"/> Purple	<input type="checkbox"/>	
Hair Type		<input type="checkbox"/> Bald <input type="checkbox"/> part bald		<input type="checkbox"/> Straight		<input type="checkbox"/> Short <input type="checkbox"/> Long		<input type="checkbox"/> Well dressed
		<input type="checkbox"/> Curly <input type="checkbox"/> Wavy		Parted <input type="checkbox"/> Right <input type="checkbox"/> Left		<input type="checkbox"/> unkept <input type="checkbox"/> Bushy		<input type="checkbox"/> Braided <input type="checkbox"/> Ponytail

**SCARS, MARKS, TATTOOS AND PIERCINGS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CONDITION OF TEETH:

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SPEECH:

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SOCIAL STATUS:  Loner  Follower  Leader

SMOKES?  YES  NO

RECREATIONAL DRUG USE?  YES  NO

ALCOHOL?  YES  NO

WOULD THEY ACCEPT A RIDE EASILY?  YES  NO

WOULD THEY HITCHHIKE?  YES  NO

DO THEY GIVE UP EASILY?  YES  NO

DO THEY HAVE A SURVIVOR ATTITUDE?  YES  NO

FRIEND'S NAMES	ADDRESS	PHONE NUMBER

CLOTHING: YES \_\_\_\_\_ NO \_\_\_\_\_ MONEY AVAILABLE: YES \_\_\_\_\_ NO \_\_\_\_\_

ITEMS IN NEED OF AT TIME OF PLACEMENT:

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INTERESTS AND HOBBIES:

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ADDITIONAL INFORMATION:

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DOCUMENTATION ENCLOSED OR TO FOLLOW:

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Referral Completed by

Phone

Date

SCFC to add placement meeting notes:

Names of people present at the placement meeting:

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Notes:

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## Child Information Form

Identified Risk Factors	Yes	No	Suspected	Unknown
<b>PERSONALITY / BEHAVIOUR</b>				
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				
<b>FAMILY CIRCUMSTANCES</b>				
Victim of Neglect				
Victim of Physical / Sexual Abuse				
Parent – child conflict				
Split Siblings				
Parentified				
<b>SCHOOL</b>				
Truancy				
Low Achievement / Motivation				
Learning Difficulties				
Disruptive Classroom Behaviour				
Disruptive School Yard Behaviour				

<b>VULNERABILITY</b>			
Alcohol Abuse			
Substance Abuse			
Self Mutilation			
Running			
Repeated Missing Without Permission			
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			
<b>SOCIAL / ENVIRONMENTAL</b>			
Problems with Peers (same age)			
Problems with Peers (younger children)			
No or Few Friends			
No Personal Interests			
Limited Organized Activities			
Poor Use of Time			
<b>EXPAND ON PRIORITY ISSUES:</b>			

Foster Parent reviewed the referral on: \_\_\_\_\_

Listed are questions and answers requested by SCFC Management representative.

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What are the youth's wishes as it relates to placement?

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The Foster Parent was given the opportunity to ask necessary questions to their SCFC Supervisor prior to agreeing to the youth's placement?

YES  NO

\_\_\_\_\_, \_\_\_\_\_  
Signature of Foster Parent

The Foster Parent has agreed to the placement of the youth in their home.

YES  NO

\_\_\_\_\_, \_\_\_\_\_  
Signature of Foster Parent

# **ALGOMA DISTRICT SCHOOL BOARD**

## **SPECIAL EDUCATION DEPARTMENT**

### **PERMISSION FOR RELEASE OF INFORMATION TO/FROM THE ALGOMA DISTRICT SCHOOL BOARD**

I, \_\_\_\_\_ hereby consent to the sharing of  
information and to the disclosure or transmittal of assessments or other information  
relevant to and assisting the education process of \_\_\_\_\_,  
(Student)

\_\_\_\_\_,  
(D.O.B.: Year/Month/Day)

between the Algoma District School Board and

\_\_\_\_\_  
(Agency or Professional).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent/Guardian/Adult Student)

#### **Notice of Collection of Personal Information:**

In accordance with section 29 (2) of the Municipal Freedom of Information and Privacy Act, personal information is being collected on this form under the authority of section 266(2, 6 and 10) of the Education Act, and will be used only for the improvement of instruction of the student. If you have any questions regarding the collection of this information, please call the school principal.

***This consent form is valid for one year from the date of signature.***

**ORIGINAL - retained in O.S.R. if ADSB releasing information.**

**If ADSB requesting information: original to Agency, copy to O.S.R & Special Education Coordinator**