

**Fax to 613-545-3557 Questions? Call 613-544-3400 x 3175 or Toll Free: 1-855-544-3400 ext. 3175**

<b>A. Referral Source Information:</b> (This form may be completed by family or service provider.)		
Today's Date (dd/mm/yyyy):		
Name (Referring Individual):		
Agency/Organization (If you are a Service Provider):		
Contact Phone #:	Alternate #:	
Reason FASD Worker is being requested:		
Are you the legal guardian? Y <input type="checkbox"/> N <input type="checkbox"/> If No, have Parents/Guardians consented to this referral? Y <input type="checkbox"/> N <input type="checkbox"/>		
Family lives in: Lanark County <input type="checkbox"/> Leeds & Grenville <input type="checkbox"/> Kingston, Frontenac, Lennox & Addington <input type="checkbox"/>		
<b>B. Child / Youth Information:</b>		
Last Name:	First Name:	
Date of Birth (dd/mm/yyyy):	Address:	
	City:	Postal Code:
Parent/Guardian Name # 1:		
Legal Guardian: Y <input type="checkbox"/> N <input type="checkbox"/> Living With Child: Y <input type="checkbox"/> N <input type="checkbox"/>	Relationship:	
Address: Same as Child/Youth <input type="checkbox"/>	City:	Postal Code:
Check Preferred # <input type="checkbox"/> Home #: <input type="checkbox"/> Cell #: <input type="checkbox"/> Work #: <input type="checkbox"/>		
Parent/Guardian Name # 2:		
Legal Guardian: Y <input type="checkbox"/> N <input type="checkbox"/> Living With Child: Y <input type="checkbox"/> N <input type="checkbox"/>	Relationship:	
Address: Same as Child/Youth <input type="checkbox"/>	City:	Postal Code:
Check Preferred # <input type="checkbox"/> Home #: <input type="checkbox"/> Cell #: <input type="checkbox"/> Work #: <input type="checkbox"/>		
Custody Arrangements (if applicable): Joint <input type="checkbox"/> Sole <input type="checkbox"/> No Agreement <input type="checkbox"/> Formal Agreement <input type="checkbox"/> Family & Children Services <input type="checkbox"/>		
Comments/Details:		
<b>C. Additional Information (Voluntary):</b>		
Self-Identification: Francophone <input type="checkbox"/> First Nations <input type="checkbox"/> Metis <input type="checkbox"/> Inuit <input type="checkbox"/>		
Language(s) Spoken:	Interpreter Required: Y <input type="checkbox"/> N <input type="checkbox"/>	
<b>D. Who else is working with the child/youth?</b> (Include family doctor, health care specialists, school, child care, etc.)		
Service Name	Contact Name & Phone #	Active (A) or Waiting (W)