

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

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| A. Referral Source Information: (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. Child / Youth Information: | | |
| 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: | | |
| C. Additional Information (Voluntary): | | |
| 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"/> | |
| D. Who else is working with the child/youth? (Include family doctor, health care specialists, school, child care, etc.) | | |
| Service Name | Contact Name & Phone # | Active (A) or Waiting (W) |
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