

Schedule D

**First Nations, Métis and Inuit program
Referral Form**

Child's Name: _____ Date: _____

DOB: _____ male ___ female ___ Grade: _____

Parents/Guardians Names: _____ School: _____

Teacher: _____

_____/_____/_____ Siblings/ages: _____

Phone H/W: _____/_____ _____

Address: _____ _____

Comments:

Other Agencies Involved (check all that apply)

Social Services ___ RNF ___ Mental Health ___ Other ___ SLP ___ PT ___ OT ___ TA ___

Other Services Involved (if known) _____

Referred by: _____ Signature _____ FWW Signature _____

_____ Position _____

For FWW Worker

Low ___ (0-5 hours) Moderate ___ (6-9 hours) High ___ (10 + hours)

Reasons for Referral:

A. Child Related Issues

- Peer Relations
- Self Control
(anger, bullying, eating disorder, etc.)
- Self Esteem
- Inappropriate Social Behaviour
- Suicide Risk
- Mental Health Issues (child)
- Substance Use/Abuse (child)
- Sexuality Issues
- Other

C. School Related Issues

- Academic or Learning Difficulties
- Attendance Difficulties
- Conflict with School
- Inappropriate Classroom Behaviour
- Lack of Motivation/Interest
- Other

E. Other Issues

- Financial or Poverty
- Legal
- Housing
- Discrimination

G. Employment Status

- Employed
- Unemployed

I. New to Community

- Within One Year

B. Family Issues

- Family Violence
- Family Relationships
- Parenting Skills
- Parent/Child Conflict
- Grief and Loss
- Separation, Divorce and Custody
- Mental Health Issues (family member)
- Substance Use/Abuse (family member)
- Health Related Issues
- Other

D. Possible Child Welfare Concerns

- Sexual Abuse
- Sexual Perversion
- Physical Abuse
- Neglect
- Emotional Abuse
- Other

F. Demographic Information (Family Structure)

- Two Parent (Biological)
- Single Parent
- Grandparent
- Extended
- Blended
- Other

H. Resides

- Urban
- Rural