

**Respite Program Referral / Intake / Admission**  
**#1000 (10th Floor) 13737 96th Avenue Surrey, V3V 0C6**  
**Phone: 604 434 9101 | Fax: 778 395 3327**  
 www.childrens foundation.org

Date of Referral:	
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Admission Date:	Discharge Date:
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**Child/Youth Information**

Name:	Date of Birth:	Gender:
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Legal Status:	PHN:
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Cultural Background:	Aboriginal	Metis	Other (Please Specify):
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**Formal Diagnosis:**

Medical Information:
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Medication:
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Allergies:
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**Social Worker Information**

Name:	Phone:	Fax:
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Office Address:
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City:	Province: BC	Postal Code:
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Cell:	Email:
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**Family Information**

Mother's Name:	DOB:
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Address:	Email:
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City:	Province: BC	Postal Code:
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Phone:	Work:	Cell:
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Father's Name:	DOB:
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Address:	Email:
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City:	Province: BC	Postal Code:
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Phone:	Work:	Cell:
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Cultural Background:	Aboriginal	Metis	Other (Please Specify):
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Siblings:
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### Emergency Contacts

Name:	Relationship:	Phone:

### Professional Contacts

Specialty:	Name:	Address/Phone:
Doctor:		
Dentist:		
Behaviour Consultant:		

### Other Contacts (Visits, Phone Calls Etc.)

Name:	Type of Contact:	Phone:

Restrictions:

### School

Name:	Phone:	Fax:
Address:		
City:	Province: BC	Postal Code:
Grade:	Classroom Type:	School Hours:
Teacher(s):		CCW/SEA:

### Behaviour Plan

Is there a current behaviour plan?    YES                      NO

If yes, please explain:

## Parents/Clients/Family Goals and Expectations

1.

2.

3.

4.

5.

6.

## Daily Routine

Bath                      Shower	Assistance Needed?	YES	NO
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Special needs at bath time:

Usual Bedtime:	Sleeps Through the Night?	YES	NO
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Special needs at bedtime i.e., night light, stuffed toy or blanket etc.:

If s/he does not sleep through the night what is needed to re-settle?

Toileting:	On Own	Requires Assistance	Diapers
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Special needs/assistance for toileting:

Teeth Brushing:	On Own	Requires Assistance
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## Health and Nutrition

Food Allergies?

Eating Habits:

Special Diet:

Child's Likes:

Child's Dislikes:

## Special Needs and Equipment

Special Needs and Equipment Required:

Transportation/Travel Safety:

Traffic Awareness:

Needs Assistance:	YES	NO
Needs Hand Held:	YES	NO
Needs to be Reminded of Rules:	YES	NO

## Communication

What is your child's major means of communication?

Speech	Gestures	Other (Specify)
Signing	Vocalizations	
Communication Devices	Combination of Modes	

How does your child indicate Yes/Consent?

How does your child indicate No/Refusal?

How does your child indicate preferences when given a choice between two or more activities? (i.e. food, objects etc.)

How does your child indicate how he/she is feeling?

Does your child get aggressive?                      YES                      NO

If yes, when your child gets aggressive, what do they do?

## Pets

In your opinion is this behavior:      Mild                      Moderate                      Severe

How do you handle these aggressive outbursts?

What are the triggers for aggressive outbursts?

Do you have any concerns about your child having contact with pets?                      YES                      NO

PETS — Concerns, Comments, Restrictions:

## Preferences

What do we need to know to make your child's respite comfortable:

Child's likes (activities, personal, etc):

How active is your child?

At what time of the day does your child usually prefer to be active and productive?

How does your child prefer to spend his/her time at home?

Your Child's Preference for Daily Activities:	Same Each Day	Varied Activities
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Your Child's Preference:	To Be Alone	To Be with Others
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Your Child's Preferred Environment:	Quiet	Noisy
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Your Child's Preferred Temperature:	Warm	Cool
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Your Child's Preferred Lighting:	Bright	Dark
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### Preferences (continued)

Can you think of any other particular needs/preferences regarding environmental conditions, likes and dislikes, etc.? Please List:

What techniques or methods do you use to help with sensory or behavior issues?

### Additional Information

If there is any further information you would like to provide that has not been covered, please include it here:

### Signatures

Parent/Guardian

Date: