To be more responsive to the needs of children and families, we are now accepting referrals on a continuous intake. Parent Coaching and Parent Groups, Assessment and Therapy, Children's Social and Emotional Groups and Outreach are core features of this service.

Contact us at 604-434-9101

Alderwood supports the lives of children, ages 6 to 12, and their families living with complex developmental trauma.

The Children's Foundation

ALDERWOOD EXPANDING THE CIRCLE: 2750 EAST 18TH AVENUE VANCOUVER, BC V5M 4W8
PHONE: 604 434 9101 | FAX: 604 434 9938
www.childrens foundation.org | Lisa.Lowe@childrens foundation.org

ELIGIBILITY CRITERIA:

IS THE PARENT AWARE OF REFERRAL?: YES ☐ NO ☐	HAS THE PARENT AGREED TO PARTICIPATE?: YES ☐ NO ☐

REFERRALS TO THE ALDERWOOD PROGRAM CAN BE MADE BY:
A MCFD SOCIAL WORKER *B CYMH CLINICIAN* *C VACFSS SOCIAL WORKER*

DATE OF REFERRAL:	REFERRING ORGANIZATION: MCFD/PROTECTION ☐ CYMH ☐ VACFSS ☐	REFERRING PERSON'S NAME AND ROLE:

REFERRING PERSON'S EMAIL ADDRESS:	REFERRING PERSON'S PHONE NUMBER:

SECTION I CHILD AND FAMILY INFORMATION

CHILD NAME:	CHILD DATE OF BIRTH (MM-DD-YYYY):

PRIMARY CAREGIVER(S) (NAME OF PERSON CHILD LIVES WITH):	RELATIONSHIP TO CHILD:	LEGAL GUARDIAN?: YES ☐ NO ☐	PARENT(S) DATE OF BIRTH:
ADDRESS:		HOME PHONE:	WORK PHONE:

PARENTS (IF DIFFERENT FROM ABOVE):	CONTACT RESTRICTIONS:

ADDRESS:	HOME PHONE:	WORK PHONE:

PARENT LIVING ELSEWHERE:	ADDRESS AND POSTAL CODE:	
INVOLVED WITH CHILD?: YES ☐ NO ☐	HOME PHONE:	WORK PHONE:
IS _____ INVOLVED?: MCFD ☐ CYSN ☐ CYMH ☐ VACFSS ☐		SOCIAL WORKER TELEPHONE:

ARE THERE ANY CULTURAL FACTORS THAT MAY AFFECT SERVICE DELIVERY?:

ARE PARENT(S) INDIGENOUS?: YES ☐ NO ☐ IS CHILD INDIGENOUS?: YES ☐ NO ☐		IF SO, ARE THEY: FIRST NATIONS?: YES ☐ NO ☐ METIS?: YES ☐ NO ☐ INUIT?: YES ☐ NO ☐	BAND AFFILIATION:
WHAT LANGUAGE IS SPOKEN AT HOME?	DOES THE FAMILY NEED A TRANSLATOR?: YES ☐ NO ☐	RESIDENCY IN BC: ☐ LESS THAN 1 YEAR ☐ 1-YEAR OR MORE ☐ UNKNOWN	RESIDENCY IN CANADA: ☐ CITIZEN ☐ PERMANENT RESIDENT ☐ LANDED IMMIGRANT

SECTION II REASONS FOR REFERRAL

GIVE A BRIEF DESCRIPTION OF THE REASON FOR THIS REFERRAL. IN PARTICULAR, WHY NOW? IS THERE ANYTHING ELSE WE NEED TO KNOW?

PLEASE DESCRIBE HOW THE FAMILY WOULD LIKE TO BE SUPPORTED: (CHECK ALL THAT APPLY):

☐ PARENTING SUPPORT AND EDUCATION
☐ SELF REGULATION
☐ HOUSING SECURITY
☐ PARENT COACHING
☐ STRESS MANAGEMENT
☐ TRANSPORTATION
☐ NAVIGATION AND ADVOCACY
☐ FOOD SECURITY
☐ CHILDREN'S GROUPS FOR SELF-REGULATION AND SKILLS DEVELOPMENT

STRENGTHS	NEEDS/CONCERNS
PLEASE LIST STRENGTHS REGARDING THE CHILD:	LIST SPECIFIC EMOTIONAL AND BEHAVIOURAL ISSUES RE: CHILD (I.E. ANXIETY versus HITTING):

SECTION III CHILD'S FUNCTIONING

CHECK THE BOX BELOW WHICH INDICATES THE DEGREE OF DIFFICULT THE CHILD IS HAVING IN EACH AREA:

	LOW	MEDIUM	HIGH	COMMENTS:
1. HOME				
2. SCHOOL				
3. COMMUNITY				

SECTION IV EDUCATION INFORMATION

SCHOOL NAME:	ADDRESS:	POSTAL CODE:	PHONE: FAX:
CURRENT GRADE:	TEACHERS NAME:	PHONE NUMBER:	IS THERE A MEDICAL EXCLUSION IN PLACE? YES ☐ NO ☐

IS THE CHILD IN SCHOOL: ☐ FULL-TIME ☐ PART-TIME ☐ NOT-ATTENDING	DATE LAST ATTENDED IF NOT- ATTENDING:

SECTION V HEALTH INFORMATION

CHILD'S FAMILY DOCTOR (GP):	TELEPHONE:
ALLERGIES:	

MENTAL HEALTH INFORMATION	SAFETY: IS THIS CHILD AT RISK FOR DELIBERATE:	RISKS ONLY:	ALREADY ATTEMPTED?:
	1. SELF HARM?	YES ☐ NO ☐	YES ☐ NO ☐
	2. SUICIDE?	YES ☐ NO ☐	YES ☐ NO ☐
	3. HARM TO OTHERS?	YES ☐ NO ☐	YES ☐ NO ☐

IS CYMH INVOLVED? YES ☐ NO ☐	IF YES, CYMH WORKER'S NAME AND PHONE NUMBER:
IS THERE A PSYCHIATRIST INVOLVED? PLEASE LIST BELOW:	PSYCHIATRIST PHONE:
FORMAL DIAGNOSIS:	DIAGNOSIS GIVEN BY:
1.	1.

2.	2.
CURRENT MEDICATIONS FOR MENTAL HEALTH REASONS:	PRESCRIBED BY:
1.	1.
2.	2.

SECTION VI CURRENT PROFESSIONALS AND SERVICE PROVIDERS

AGENCY NAME:	CONTACT PERSON:	PHONE NUMBER:

SECTION VII REPORTS AND ASSESSMENTS

ARE THESE REPORT ITEMS ATTACHED TO THE REFERRAL?:

IEP SCHOOL REPORT	YES ☐	NO ☐	MEDICAL REPORT	YES ☐	NO ☐
SPEECH/HEARING REPORT	YES ☐	NO ☐	PSYCHOLOGY REPORT	YES ☐	NO ☐
PSYCHIATRIC REPORT	YES ☐	NO ☐	OT ASSESSMENTS:	YES ☐	NO ☐

ALDERWOOD IS A PARTNERSHIP PROGRAM BETWEEN CHILD & YOUTH MENTAL HEALTH, MINISTRY OF CHILDREN AND FAMILIES, VANCOUVER ABORIGINAL CHILD & FAMILY SERVICE SOCIETY AND THE CHILDREN'S FOUNDATION