**LARIMAR HOMES**

***Building on Uniqueness***

# REFERRAL FORM

**(Foster Parents are NOT to have any conversation with the placing agency, in regard to a potential placement until the youth has been formally placed in their home.)**

Please complete all sections of this form, if possible. Please note all reports that are included or that are to be sent when available.

REFERRAL TO FOSTER CARE PROGRAM □ LARIMAR HOME □

DATE OR REFERRAL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ANTICIPATED DATE OF PLACEMENT:

REFERRING AGENCY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ YOUTH’S WORKER:

AGENCY’S ADDRESS:

CONTACT PERSON: PHONE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TYPE OF REFERRAL: □ Respite Placement (Under 7 Days)

 □ Short Term Placement (7 to 90 days)

 □ School Term Placement (1 year)

 □ Long Term Placement (over 1 year)

NAME OF REFERRAL: FILE #: Male □ Female □

AGE: D.O.B.: WARDSHIP STATUS:

If a Temporary Care Agreement will be signed, what is the expiry date?

\*\* Please note a copy of the Temporary Care Agreement that outlines the obligations and provisions for health care is required by Larimar Homes prior to the admission of the child/youth.\*\*

Does the child or youth self-harm? Yes □ No □

If yes please give details:

Has the child harmed another person? Yes □ No □

If yes please give details:

Is the child or youth allergic to pets? Yes □ No □

If yes please give details:

Has the child or youth intentionally harmed pets? Yes □ No □

If yes please give details:

REASON FOR REFERRAL:

RISK INDICATORS:

BEHAVIOURAL OR DEVELOPMENTAL CONCERNS/ISSUES:

YOUTH’S PERSONALITY/ STRENGTHS/APTITUDES:

DESIRED GOALS DURING PLACEMENT:

PLACEMENT HISTORY:

PREVIOUS SETTING: REASON FOR MOVE:

LEGALS GUARDIAN: PHONE:

MOTHER’S NAME: PHONE:

FATHER’S NAME: PHONE:

OTHER: PHONE:

HOW MUCH CONTACT DOES THE YOUNG PERSON HAVE WITH BIO.PARENTS/FAMILY:

APPROVED CONTACTS ADDRESS PHONE

And RELATIONSHIPS

FAMILY/ SOCIAL HISTORY AND ANY CONCERNS:

PREVIOUS ABUSE AND/OR ALLEGATIONS WHILE IN CARE:

EDUCATION:

SCHOOL: PHONE:

SPECIAL NEEDS: I.E.P.: □ Yes □ No

PUBLIC: CATHOLIC:

GRADE: CONTACT PERSON:

Has the youth been identified as a youth with special needs through an IPRC. If an Individual Education Plan exists, please attach to the referral to identify educational needs and resources.

EDUCATIONAL CONCERNS:

LEGAL MATTERS

PROBATION OFFICER: PHONE:

ANY COURT INVOLVEMENT AND CONVICTIONS:

ANY FUTURE COURT APPEARANCES:

MEDICAL HISTORY

DIAGNOSES MADE BY A MEDICAL PROFESSIONAL:

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |

Is he or she receiving any type of treatment or counselling for emotional or mental health problems? Is there a threat of harm to self or others?

Any hospitalizations in the last year? For what reasons?

FAMILY PHYSICIAN: PHONE:

DENTIST: PHONE:

OPTOMETRIST: PHONE:

PEDIATRICIAN: PHONE:

ORTHODONTIST: PHONE:

PSYCHOLOGIST: PHONE:

MEDICAL CONCERNS:

MEDICATION REQUIRED: □ YES □ NO

A permission to administer psychotropic drugs must be signed at admission, if prescribed.

|  |  |  |
| --- | --- | --- |
| NAME | DOSAGE | FREQUENCY |
|  |  |  |
|  |  |  |
|  |  |  |

ALLERGIES: □ Yes □ No

If yes please specify:

HEALTH CARD NUMBER:

Version Code: Expiry date:

GREEN SHIELD NUMBER:

MEDICAL REQUIRED: □ YES □ NO DATE OF LAST EXAM:

OPTICAL REQUIRED: □ YES □ NO DATE OF LAST EXAM:

DENTAL REQUIRED: □ YES □ NO DATE OF LAST EXAM:

HEARING REQUIRED: □ YES □ NO DATE OF LAST EXAM:

PSYCHOLOGICAL: □ YES □ NO DATE OF LAST EXAM:

OTHER NECESSARY APPOINTMENTS:

PHYSICAL DESCRIPTION:

|  |  |  |
| --- | --- | --- |
| Height: | Weight: | Race: |
| Eye Color: | □ Glasses | □ Contact Lenses |
| Build | □ Slender/Petite | □ Medium/Average | □ Muscular/Stocky |
| Facial Features: (Shape):  |
| Complexion | □ Light/fair | □ Tan | □ Medium/Dark | □ Very dark |
| □ Cosmetics | □ Clean shaven | □ Bearded | □ Moustache |
| Hair Color | □ Red | □ Blond | □ Black | □ Brown | □ Purple | □ |
| Hair Type | □ Bald □ part bald | □ Straight | □ Short □ Long | □ Well dressed |
|  | □ Curly □ Wavy | Parted □Right □Left | □ unkept □ Bushy | □ Braided □ Ponytail |

SCARS, MARKS, TATTOOS AND PIERCINGS:

CONDITION OF TEETH:

SPEECH:

SOCIAL STATUS: □ Loner □ Follower □ Leader

SMOKES? □ YES □ NO

RECREATIONAL DRUG USE? □ YES □ NO

ALCOHOL? □ YES □ NO

WOULD THEY ACCEPT A RIDE EASILY? □ YES □ NO

WOULD THEY HITCHHIKE? □ YES □ NO

DO THEY GIVE UP EASILY? □ YES □ NO

DO THEY HAVE A SURVIVOR ATTITUDE? □ YES □ NO

|  |  |  |
| --- | --- | --- |
| FRIEND’S NAMES | ADDRESS | PHONE NUMBER |
|  |  |  |
|  |  |  |
|  |  |  |

CLOTHING:YES NO MONEY AVAILABLE:YES NO

ITEMS IN NEED OF AT TIME OF PLACEMENT:

INTERESTS AND HOBBIES:

ADDITIONAL INFORMATION:

DOCUMENTATION ENCLOSED OR TO FOLLOW:

 Referral Completed by Phone Date

Larimar to add placement meeting notes:

Names of people present at the placement meeting:

Notes:

**Child Information Form**

|  |  |  |  |
| --- | --- | --- | --- |
| **Identified Risk Factors** | **Yes No** | **Suspected** | **Unknown** |
| **PERSONALITY / BEHAVIOUR** |  |  |  |
| Impulsive |  |  |  |
| Depressed |  |  |  |
| Low Self Esteem |  |  |  |
| Shy / Withdrawn |  |  |  |
| Tantrums |  |  |  |
| Short Attention Span |  |  |  |
| Bedwetting |  |  |  |
| Sleep disorders / difficulties |  |  |  |
| Hoarding |  |  |  |
| Food disorders |  |  |  |
| Lying / Fabricating |  |  |  |
| Phobias |  |  |  |
| Obsessive  |  |  |  |
| Stealing |  |  |  |
| Hygiene Issues |  |  |  |
| Physically Aggressive |  |  |  |
| Verbally Aggressive |  |  |  |
| Resistance to Authority |  |  |  |
| Destructive |  |  |  |
| Allegations Against Caregiver |  |  |  |
| FAMILY CIRCUMSTANCES |  |  |  |
| Victim of Neglect |  |  |  |
| Victim of Physical / Sexual Abuse |  |  |  |
| Parent – child conflict |  |  |  |
| Split Siblings |  |  |  |
| Parentified |  |  |  |
| SCHOOL |  |  |  |
| Truancy |  |  |  |
| Low Achievement / Motivation |  |  |  |
| Learning Difficulties |  |  |  |
| Disruptive Classroom Behaviour |  |  |  |
| Disruptive School Yard Behaviour |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| VULNERABILITY |  |  |  |
| Alcohol Abuse |  |  |  |
| Substance Abuse |  |  |  |
| Self Mutilation |  |  |  |
| Running |  |  |  |
| Repeated Missing Without Permission |  |  |  |
| Theft |  |  |  |
| On Probation |  |  |  |
| Completed open or secure custody time (length) |   |  |  |
| Socially inappropriate behaviour in the home |  |  |  |
| Socially inappropriate behaviour in the community |  |  |  |
| Fire setting |  |  |  |
| High Risk of victimizing others |  |  |  |
| High Risk of being a victim |  |  |  |
| Suicidal Ideation |  |  |  |
| Sexually Active |  |  |  |
| Inappropriate Sexual Activity / Play |  |  |  |
| SOCIAL / ENVIRONMENTAL |  |  |  |
| Problems with Peers (same age) |  |  |  |
| Problems with Peers (younger children) |  |  |  |
| No or Few Friends |  |  |  |
| No Personal Interests |  |  |  |
| Limited Organized Activities |  |  |  |
| Poor Use of Time |  |  |  |
| **EXPAND ON PRIORITY ISSUES:** |  |  |  |

Foster Parent reviewed the referral on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Listed are questions and answers requested by Larimar Management representative.

What are the youth’s wishes as it relates to placement?

The Foster Parent was given the opportunity to ask necessary questions to their Larimar Supervisor prior to agreeing to the youth’s placement?

YES □ NO □

 ,

Signature of Foster Parent

The Foster Parent has agreed to the placement of the youth in their home.

YES □ NO □

 ,

Signature of Foster Parent

**ALGOMA DISTRICT SCHOOL BOARD**

**SPECIAL EDUCATION DEPARTMENT**

**PERMISSION FOR RELEASE OF INFORMATION**

**TO/FROM**

**THE ALGOMA DISTRICT SCHOOL BOARD**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby consent to the sharing of

information and to the disclosure or transmittal of assessments or other information

relevant to and assisting the education process of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

 (Student)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

(D.O.B.: Year/Month/Day)

 between the Algoma District School Board and

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Agency or Professional).

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Parent/Guardian/Adult Student)

**Notice of Collection of Personal Information:**

In accordance with section 29 (2) of the Municipal Freedom of Information and Privacy Act, personal information is being collected on this form under the authority of section 266(2, 6 and 10) of the Education Act, and will be used only for the improvement of instruction of the student. If you have any questions regarding the collection of this information, please call the school principal.

***This consent form is valid for one year from the date of signature.***

**ORIGINAL - retained in O.S.R. if ADSB releasing information.**

**If ADSB requesting information: original to Agency, copy to O.S.R & Special Education Coordinator**