Children's TREATMENT CENTRE OF CHATHAM-KENT

Community Referral Form
Fetal Alcohol Spectrum Disorder Program

Children and Youth under the age of 18 (or 21 if still in school) who have diagnosed or suspected Fetal Alcohol Spectrum Disorder (FASD) and its effects which may include physical, mental, behavioral and learning difficulties and who would benefit from additional FASD specific support, coaching, consultation, education, community capacity building, training and resources.

Parent/Guardian has consented to this referral

Child/Youth Full Name:		**Date of Birth:** (dd/mm/yyyy)	
Address:		**Telephone #:**	

School			
School Name & Board LKDSB SCCDSB Providence	Grade	Main Contact Name	Contact Information

Parent/Legal Guardian	**Relationship**	**Contact Number**	**Alternate Number**

Email Address		☐ Consent for Encrypted Email
Best Day/Time to Contact		Preferred Method of Contact ☐ Telephone ☐ Email ☐ Text

Child or Youth lives with: ☐ Both Parents *(include both parent names above)*
OR ☐ Mother ☐ Father ☐ Guardian ☐ Other:

Languages spoken in the home:
Interpreter Required: ☐ Yes ☐ No Preferred Language:

Does the child/youth identify as First Nation, Metis or Inuit? ☐ Yes ☐ No
If yes, details: ☐ Self-identify ☐ Indian Status Card

Is the family aware a referral for service is being made? ☐ Yes ☐ No

Other Services Involved		
Name	Service/Agency Name	Contact Information

Request for Services	
Support and Consultation	☐ Coaching with an FASD perspective ☐ Caregiver / Family
Community Capacity Building	☐ Professional Development ☐ Awareness / Information
Other	☐ Brief Case Conference ☐ Training/Info Session ☐ Resource Information

Additional Notes *(estimate amount of parent consultation requested, for case conference(s), estimate number of conferences to be attended; if training/information session, provide length of session requested).*

Completed By: ______________________ Agency: ______________________ Date: ______________

Once completed please print and mail to Children's Treatment Centre of Chatham-Kent, 355 Lark Street Chatham, On N7L 5B2 or fax to 519-354-7355. For more information on referral process, please contact 519-354-0520 or email info.forwarding@childrenstreatment-ck.com