

# Supported Child Development Programs Transfer Referral Form

*\*\*The family must be aware of the referral and consent to it verbally\*\**

*Please initial that you have spoken to the family and that they are aware of and give consent for this referral.* \_\_\_\_\_

**Request For** (tick all that apply):     **FYI only** (no service needed)     **Consultant Service**     **Extra Staffing Support**

Today's Date: \_\_\_\_\_ Original Date of Referral to SCD: \_\_\_\_\_

**General Information:**

Child's Name: \_\_\_\_\_  M  F Date of Birth (D, M, Y): \_\_\_\_\_

Parents / Legal Guardian: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Moving Date: \_\_\_\_\_

Current Address: \_\_\_\_\_

New Address: \_\_\_\_\_

Languages Spoken in the Home: \_\_\_\_\_ Interpreter Needed:  Yes  No

Has this family identified their child as having Aboriginal heritage?  Yes  No      Is this a Child in Care?  Yes  No

SCD Agency: \_\_\_\_\_

Coordinator: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Consultant's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Support Guide:  Completed, on Date: \_\_\_\_\_ Individual Plan:  Completed, on Date: \_\_\_\_\_

(\*\*Attach completed Support Guide and Individual Plan and Consent Form\*\*)

<b><u>Current Services Receiving:</u></b> <input type="checkbox"/> Consultation <input type="checkbox"/> Waitlisted for Consultation <input type="checkbox"/> Extra staffing <input type="checkbox"/> Waitlisted for extra staffing	
<input type="checkbox"/> Shared support <input type="checkbox"/> Individual support <input type="checkbox"/> Short-term Support (less than 6 months) <input type="checkbox"/> Long-term support (6 months)	
<input type="checkbox"/> Preschool <input type="checkbox"/> Group Care <input type="checkbox"/> School Age Care <input type="checkbox"/> Family Child Care <input type="checkbox"/> LNR Child Care <input type="checkbox"/> IOH	
<b><u>Child care hours:</u></b> Days in attendance: _____ Hours: _____	<b><u>Extra staffing support hours:</u></b> Days: _____ Hours: _____

**Transition Funding Request**

Shared Support     Individual Support      Is transition funding available?  yes     no    Comments: \_\_\_\_\_

**Days of the Week & Hours extra staffing (i.e. 9:30 – 11:00 a.m.; 8-9 a.m. & 3-5 p.m.):**

A.M.     M \_\_\_\_\_     T \_\_\_\_\_     W \_\_\_\_\_     Th \_\_\_\_\_     F \_\_\_\_\_

P.M.     M \_\_\_\_\_     T \_\_\_\_\_     W \_\_\_\_\_     Th \_\_\_\_\_     F \_\_\_\_\_

If school age, hours for professional days and school holidays: \_\_\_\_\_

Total Hours per Day: \_\_\_\_\_ Total Hours per Week: \_\_\_\_\_

**Additional Information / Coordinator Notes:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_