

SUMMIT HUMAN SERVICES INC.

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SHS SIMCOE COUNTY INC.

P.O. Box 164

Barrie, ON L4M 4T2

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REFERRAL PACKAGE

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

**** ALL REFERRAL PACKAGES MUST BE FAXED ****

DATE: _____

REFERRAL AGENCY: _____

ADDRESS: _____

PHONE NUMBER: _____

CONTACT PERSON: _____

TYPE OF REFERRAL: ___ Emergency placement (under 7 days)
 ___ Receiving placement (7 days to 30 days)
 ___ Short Term placement (30 days to 90 days)
 ___ Long Term placement (over 90 days)

NAME OF REFERRAL: _____ FILE #: _____

SEX: _____ AGE: _____ D.O.B.: _____ STATUS: _____

DATE OF ANTICIPATED ADMISSON : _____

REASON FOR REFERRAL:

RISK INDICATORS:

SPECIAL BEHAVIOUR CONCERNS/ISSUES:

PREVIOUS SETTING: _____

PHONE: _____ ADDRESS: _____

PLACEMENT HISTORY:

OFFICIAL GUARDIAN: _____ PHONE: _____

MOTHER'S NAME: _____ PHONE: _____

FATHER'S NAME: _____ PHONE: _____

APPROVED CONTACTS: ADDRESS: PHONE:

FAMILY HISTORY:

EDUCATIONAL:

SCHOOL: _____ PHONE: _____

Special Need ___ Public ___ Catholic ___ Vocational ___ Academic ___

GRADE: _____ CONTACT PERSON: _____

EDUCATIONAL CONCERNS:

ANY COURT INVOLVEMENT AND CONVICTIONS:

ANY FUTURE COURT APPEARANCES:

MEDICAL HISTORY:

FAMILY PHYSICIAN: _____ PHONE: _____

DENTIST: _____ PHONE: _____

OPTOMETRIST: _____ PHONE: _____

MEDICAL CONDITION:

MEDICATION REQUIRED: YES ___ NO ___

TYPE: _____ DOSAGE: _____

TYPE: _____ DOSAGE: _____

TYPE: _____ DOSAGE: _____

ALLERGIES:

MEDICAL REPORTS AVAILABLE:

HEALTH CARD NO.: _____

MEDICAL REQUIRED: YES ___ NO ___ DATE OF LAST EXAM _____

OPTICAL REQUIRED: YES ___ NO ___ DATE OF LAST EXAM _____

DENTAL REQUIRED: YES ___ NO ___ DATE OF LAST EXAM _____

PSYCHOLOGICAL REQUIRED: YES ___ NO ___

OTHER NECESSARY APPOINTMENTS:

PHYSICAL DESCRIPTION

RACE: _____ WEIGHT: _____

PRIMARY LANGUAGE: _____ BUILD: _____

EYE COLOUR: _____ HEIGHT: _____

HAIR COLOUR: _____ HAIR STYLE: _____

MARKS:

TATOO'S:

PLACEMENT REQUEST/CHILD INFORMATION FORM

Identified Risk Factor	Yes	No	Suspected	Unknown
PERSONALITY/BEHAVIOUR				
Impulsive				
Depressed				
Low Self Esteem				
Shy / Withdrawn				
Tantrums				
Short Attention Span				
Bedwetting				
Hoarding				
Hygiene Issues				
Physically Aggressive				
Verbally Aggressive				
Destructive				
Allegations Against Caregiver				
FAMILY CIRCUMSTANCES				
Victim of Neglect				
Victim of Physical / Sexual Abuse				
Parent – Child Conflict				
Split Siblings				
SCHOOL				
Truancy				
Low Achievement / Motivation				
Learning Difficulties				
Disruptive Classroom Behaviour				
Disruptive School Yard Behaviour				
VULNERABILITY				
Alcohol Abuse				
Substance Abuse				
Self Mutilation				

Running			
Theft			
Fire Setting			
High Risk of Being a Victim			
Suicide Ideation			
Sexually Active			
Inappropriate Sexual Activity/Play			
SOCIAL / ENVIRONMENTAL	Yes	No	Suspected Unknown
Problems with Peers			
No or Few Friends			
No Personal Interests			
Limited Organized Activities			
Poor Use of Time			
Priority of Issues:			