# Confidential

## FASD Worker Program Referral Form

The personal data collected on this online Fetal Alcohol Spectrum Disorder (FASD) Worker Referral Form is used to verify our current client records and to determine eligibility for admission. Please review the information on Fetal Alcohol Spectrum Disorder (FASD) on the CHEO website to understand what the FASD Worker can offer a family.

If you are interested in accessing the services of an FASD Worker for yourself, your family or your client/patient/student, please take a few minutes to answer the following questions.

Once the form is received, the Fetal Alcohol Resource Program will follow up to finish the intake process within eight (8) weeks approximately. A needs assessment will be completed to help identify the best way to meet the child or youth's needs and determine eligibility for the FASD Worker Program. **Note: A diagnosis of FASD is not required to receive service from an FASD Worker.**

| Referral Source Information. This form may be completed by family or service provider. | |
|---|---|
| Today's Date: | |
| Who is filling in this form? (Please check one box):<br>◉ Parent/Caregiver/Legal Guardian<br>○ Self/Youth<br>○ School Team<br>○ Professional/Community Agency<br>○ Physician<br>○ Other | |
| Name (referral source): | |
| Contact Phone #: | Alternate Phone #: |
| **Consent** | |
| I have consent from the legal guardian to submit this form: ○ Yes ◉ No<br><br>The legal guardian gives consent for the FASD Worker Program: ○ Yes ◉ No<br><br>The youth (12 – 21 y.o.) gives consent for the FASD Worker Program: ○ Yes ◉ No | |

Please email completed form to fasd@able2.org or by mail to:
ABLE2, FASD Worker Program,
312 Parkdale Avenue, Ottawa, Ontario, K1Y 4X5

| Reason support of an FASD Worker is being requested: |
|---|
| |
| Family lives in:<br>◉ Ottawa ○ Prescott-Russell ○ Stormont, Dundas & Glengarry |
| **Child/Youth Information** |
| Last Name: First Name: |
| Date of Birth: |
| Address: |
| City: Postal Code: |
| Primary Parent/Guardian Name: |
| Relationship: |
| Preferred Phone #: ◉ Home#: ○ Cell #:<br>○ Work #: |
| Email Address: |
| Living Situation: ○ Family ○ Group Home ○ Independent ◉ Institution<br>○ Supported Housing ○ Other: |
| Nature of Disability: ☐ FASD Diagnosed ☐ FASD Suspected ☐ Physical<br>☐ Mental Health ☐ Developmental/Neurodevelopmental ☐ Age Related |
| **Additional Information (Voluntary)** |
| Self-Identification:<br>☐ Francophone ☐ First Nations ☐ Metis ☐ Inuit ☐ Newcomer |
| Language(s) Spoken: Interpreter Required: ○ Y ◉ N |

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| Please check all care providers and services involved with the family: | |
|---|---|
| Services | Previous (P), Active (A) or Waitlist (W) |
| ☐ CHEO | |
| Specify programs: | |
| Specify programs: | |
| ☐ Rotary Home | |
| ☐ School<br>Name of school: | |
| ☐ Childcare Program<br>Name of program: | |
| ☐ Service Coordination | |
| ☐ Local Health Integrated Network (LHIN) | |
| ☐ Children's Inclusion Support Services (CISS) | |
| ☐ Roger Neilson House | |
| ☐ Children's Aid Society | |
| ☐ United Counties of Prescott-Russell | |
| ☐ Valoris Service for Children and Adults of Prescott-Russell | |
| ☐ Specify programs: | |
| ☐ SD&G Developmental Services | |
| ☐ Inuit programs | |
| ☐ Indigenous program | |
| ☐ Akwesasne | |
| ☐ Other: | |
| ☐ Other: | |

| Please share any other information you think is important for us to know. |
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| |

If you have any questions or require help completing this form, please contact:
ABLE2'S Fetal Alcohol Resource Program at 613-761-9522 Ext. 234 or fasd@able2.org