The PACE Program
Website: www.thepaceprogram.ca

Referral for Services – PACE Family Program

Forward completed referral to the PACE Program:
Fax: 604-266-3041 Email: admin@thepaceprogram.ca Attention: Intake Team

SECTION 1: Referral Information

Child's Legal Name:		Date of Birth: (year/month/day)	
Child Known As:		Gender:	

Referred By:			☐ Parent	☐ S.W.	☐ E.C.E.	☐ Other:
Referral Date:		Contact Number:			Fax:	
Length of time involved with child/family:			Email Address:			

SECTION 2: Current Residence of Child

Address:			
Primary Caregiver:		Relationship to child:	
Primary Caregiver:		Relationship to child:	
Language(s) Spoken:		Emergency Contact #:	
Home #:	Work #:		Cell #:

Others in the home?	Sibling?	Gender	Age	Date of Birth
	☐ Yes ☐ No			
	☐ Yes ☐ No			
	☐ Yes ☐ No			
	☐ Yes ☐ No			
	☐ Yes ☐ No			

Household Composition:

☐	Single Parent	☐	Couple	☐	Co-Parenting	☐	Extended Family

Ethnicity of Household Composition:

☐	Aboriginal- band:	☐	Caucasian	☐	Asian	☐	Hispanic	☐	Other -

Ethnicity of Child:

☐	Aboriginal- band:	☐	Caucasian	☐	Asian	☐	Hispanic	☐	Other -

If immigrant, where from?		Describe any cultural factors that may affect service delivery:	

SECTION 3: Parent(s) Information:

(If different than Primary Caregiver information above, and if applicable – please check ☐)

☐ *Parent/Guardian 1:*

Parent/Guardian:			
Relationship to child:		Date of Birth: (*year/month/day)*	
Address:			

Household Composition:

Language(s) Spoken:				Emergency Contact #(s):	
Home #:		Work #:		Cell #:	

☐	Single Parent	☐	Couple	☐	Co-Parenting	☐	Extended Family

Ethnicity of Parent:

☐	Aboriginal- band:	☐	Caucasian	☐	Asian	☐	Hispanic	☐	Other -

If immigrant, where from?		Describe any cultural factors that may affect service delivery:	

If child in care, is parent aware of Referral to the PACE Family Program?	☐ Yes ☐ No	Are they in agreement with this referral?	☐ Yes ☐ No

☐ *Parent/Guardian 2:*

Parent/Guardian:			
Relationship to child:		Date of Birth: (*year/month/day)*	
Address:			

Household Composition:

Language(s) Spoken:				Emergency Contact #(s):	
Home #:		Work #:		Cell #:	

☐	Single Parent	☐	Couple	☐	Co-Parenting	☐	Extended Family

Ethnicity of Parent:

☐	Aboriginal- band:	☐	Caucasian	☐	Asian	☐	Hispanic	☐	Other -

If immigrant, where from?		Describe any cultural factors that may affect service delivery:	

If child in care, is parent aware of Referral to the PACE Family Program?	☐ Yes ☐ No	Are they in agreement with this referral?	☐ Yes ☐ No

Custodial Status of Child Referred:

Legal Guardian:		Child's Legal Status:	
Expiry of Legal Status:		Date of Next Review / Court:	
Parent # 1 - Contact with Child? ☐ Yes ☐ No Frequency:			Restrictions? ☐ Yes ☐ No
Parent # 2 - Contact with Child? ☐ Yes ☐ No Frequency:			Restrictions? ☐ Yes ☐ No

Siblings Not Living with Child Referred:

Name(s)	Age	Gender	Date of Birth	With whom & where they live?	Contact with Child? Frequency?
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No

SECTION 4: Reason(s) For Referral - *Presenting issues/risk factors – current & specific information*

i.e. - mental health, changes in family, safety concerns, behavioural challenges, social and/or emotional challenges, cognitive issues, multiple issues, etc.

1.	
2.	
3.	

SECTION 5: Safety Concern(s), Plans, Placement Breakdown

Any concerns re: aggression, self harm, placement breakdown, impending changes/events etc.

1.	
2.	
3.	

SECTION 6: Child History - *Any apprehensions, breaks in attachment, sexual abuse, physical abuse, neglect, significant events (moves, separations, loss, trauma) etc. Please note dates, where known.*

1.	
2.	
3.	
4.	
5.	

SECTION 7: Family History - *Any parent issues (health, addiction, housing, safety), significant events (moves, separations, loss, domestic violence, trauma) etc.*

1.	
2.	
3.	
4.	

SECTION 8: Child's Strengths, Needs, Concerns - please list

Please list *strengths and skills regarding the child:*	List **specific *emotional and/or behavioural issues*** *re: child (e.g. anxiety, aggression) and known events/factors*	Please list *any other needs/concerns regarding child* **at this time***:*

SECTION 9: Parent(s) & Family's Strengths, Needs, Concerns - please list

Please list *strengths and skills regarding the parent/s:*	Please list *needs/concerns regarding family* **at this time** (e.g. struggling with child's behaviour, parenting differences, additional parenting strategies, etc)	List *specific / key issues for family* **at this time** (e.g. moves, separation, loss, housing, etc.)

SECTION 10: Previous Program(s) &/or Therapy

i.e. school history, child therapy, parenting programs

Program/Resource:	From When to When:	Contact Person and Phone #:

Are there any reports being forwarded – please list	☐ Yes	☐ No	Unknown ☐

Date:	Report completed by:	Agency:	Consent to forward?
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No

SECTION 11: Important Medical History – Any Medical Concerns

Name(s): includes specialists, speech language pathologists, mental health team, psychiatrist, CHN...	Agency & Contact #:	Physical Health Information Any language, hearing, visual, physical disabilities, allergies, toilet trained...	Mental Health Information Any suspected or diagnosis? Any prescribed medication?

***Child's Family Doctor**:*		Phone:	
Care Card Number for Child:			
Immunization Record of Child:	☐ Yes ☐ No ☐ Unknown		

SECTION 12: Significant Family Members & Friends - non-professional support

Significant Person(s):	a) Role / Relationship - *Add * if living in the home* b) Length of Involvement	Contact #:
	a) b)	
	a) b)	
	a) b)	
	a) b)	

SECTION 13: Support Person Information - Professional support/s

Support Person(s):	a) Role / Relationship b) Length of Involvement	Contact #:	Email:
1. *Social Worker:*	a) b)		
2. *School / Preschool / Daycare Support:*	a) b)		
3.	a) b)		
4.	a) b)		
5.	a) b)		

SECTION 14: Goals of Service Requested

1.	
2.	
3.	
4.	

SECTION 15: Consent to Referral for Service

I / We, the parents/guardians of _____ , hereby consent to this referral being made to the PACE Program.

To facilitate the intake process, I / We give permission for the PACE Program to discuss with and to request any report or information relevant (from professionals named on this referral form), in assessing PACE as an appropriate service for my child/family.

Parent/Guardian	Printed Name	Relationship to child
Parent/Guardian	Printed Name	Relationship to child

REFERRAL SCREENING TO BE COMPLETED BY PACE INTAKE TEAM *(Executive Director, Team Leader of Family Program)*		Date:
☐	Referral received	
☐	Intake Team Reviews Referral/Intake Package	
☐	Intake Team Consults with Referral Source(s)	
☐	Intake Team Forwards Intake to Waitlist (if necessary) & Informs Client	
☐	Services Declined	
☐	Services Accepted	