



The PACE Program

Working together to foster emotional well-being
in our community through
connection, support and education

The PACE Program

1524 West 65th Avenue, Vancouver BC V6P 2R1

phone: (604) 266-3141 fax: (604) 266-3041

email: admin@thepaceprogram.ca

www.thepaceprogram.ca

Outreach Support Services REFERRAL FOR SERVICES

Forward completed referral to the PACE Program:

Fax: 604-266-3041 Email: admin@thepaceprogram.ca Attention: Intake Team

TYPE OF SUPPORT REQUESTED:

- ☐ **General Contract** (*complete sections 1, and 8 through 11 only*)
- ☐ **Child Specific Contract** (*complete sections 1 through 8, and 10 through 11*)
- ☐ **Short Term Consultation** - 1 or 2 visits (*complete sections as noted above*)

SECTION 1: Referral Information – CENTRE / PROGRAM

Program Name:			
Address:			
Phone:		Email:	
Supervisor:			
Primary Contact:			
Staff names:			
Licensing Officer: <i>(required)</i>		Phone:	
Inclusion Contract:	<input type="checkbox"/> Yes <input type="checkbox"/> No	# of Children?	
		Parent Involvement in Centre?	<input type="checkbox"/> Yes <input type="checkbox"/> No

PREFERRED DAY & TIME FOR SUPPORT:

PLEASE NOTE: we will try to accommodate your preference, however due to the demand for service, it may not be possible.

DAY	TIME (a.m. / p.m.)
1. <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	
2. <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	
3. <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	

Hours of Operation:		Holidays/Closures: <i>Please specify</i>	
Staff Meeting Times:			

ABOUT THE CHILDREN IN CENTRE:

Total number of children in centre:		Number of full time:		Number of part time:		Total number of ESL:	
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Predominant Cultures of the Children:

☐ Indigenous - *nation*: ☐ Hispanic ☐ Asian ☐ South Asian ☐ Caucasian ☐ Other - *please list*:

Languages Spoken:

Predominant Cultures of the Staff:

☐ Indigenous - *nation*: ☐ Hispanic ☐ Asian ☐ South Asian ☐ Caucasian ☐ Other - *please list*:

Languages Spoken:



SECTION 2: Referral Information – CHILD SPECIFIC CONTRACTS

If completing referral for General Contract/Consultation, please go to 'SECTION 8'

Child's Legal Name:				Date of Birth:				
Child Known As:				Pronouns:				
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender/Gender Diverse <input type="checkbox"/> Don't Wish to Share							
Address:								
Primary Caregiver:				Relationship to child:				
Primary Caregiver:				Relationship to child:				
Language(s) Spoken:				Emergency Contact #:				
Home #:			Work #:			Cell #:		
Email:								
Others in the home:				Sibling:		Age:		
				<input type="checkbox"/> Yes <input type="checkbox"/> No				
				<input type="checkbox"/> Yes <input type="checkbox"/> No				
				<input type="checkbox"/> Yes <input type="checkbox"/> No				
				<input type="checkbox"/> Yes <input type="checkbox"/> No				
Household Composition:								
<input type="checkbox"/> Single Parent		<input type="checkbox"/> Couple		<input type="checkbox"/> Co-Parenting		<input type="checkbox"/> Extended Family		
Ethnicity of Child:								
<input type="checkbox"/> Indigenous - <i>nation</i> :		<input type="checkbox"/> Hispanic		<input type="checkbox"/> Asian		<input type="checkbox"/> South Asian		
		<input type="checkbox"/> Caucasian		<input type="checkbox"/> Other - <i>please list</i> :				
Ethnicity of Parent(s):								
<input type="checkbox"/> Indigenous - <i>nation</i> :		<input type="checkbox"/> Hispanic		<input type="checkbox"/> Asian		<input type="checkbox"/> South Asian		
		<input type="checkbox"/> Caucasian		<input type="checkbox"/> Other - <i>please list</i> :				
If immigrant, where from?				Describe any cultural factors that may affect service delivery:				
Custodial Status of Child Referred – if birth parent/s not primary caregiver or legal guardian:								
Legal Guardian:				Child's Legal Status:				
Expiry of Legal Status:				Date of Next Review / Court:				
Parent Contact with Child?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Frequency:				
				Restrictions:		<input type="checkbox"/> Yes <input type="checkbox"/> No		

SECTION 3: Reason(s) For Referral – CHILD SPECIFIC CONTRACTS

Presenting issues/risk factors, current & specific information

(i.e. safety concerns, behavioural challenges, social and/or emotional challenges, changes in family, mental health issues, cognitive issues, multiple issues, placement breakdown, impending changes / recent events etc.)

1.	
2.	
3.	
4.	



SECTION 4: Child & Family History

Please indicate any key issues such as moves, separations, loss, apprehensions, trauma (and indicate dates, where possible).

1.	
2.	
3.	
4.	

SECTION 5: 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 the child at this time:

SECTION 6: Previous Child Care Program(s)

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

SECTION 7: Therapy & Important Medical History

Including any medical concerns

Name(s): Please include specialists, speech language pathologists, mental health team, occupational therapist, physiotherapist, psychiatrist etc.	Agency:	Contact #:



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Are there any reports being forwarded – please list			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Date:	Report completed by:	Role:	Consent received to forward:		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Physical Health Information Any issues re: language, hearing, visual, physical development. Any allergies, toilet training issues, etc.			Mental Health Information Any suspected or any diagnosis? Any prescribed medication?		
Immunization Record of Child on file?			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		

SECTION 8: Professional Support People Involved in Centre

Please indicate if Supported Child Development or Richmond Supported Child Development (ASPIRE) are involved

Support Person(s):	a) Role / Relationship b) Length of Involvement	Contact #:	Email:
1.	a) b)		
2.	a) b)		
3.	a) b)		

SECTION 9: Reason(s) For Referral – GENERAL CONTRACTS

Presenting issues - current & specific i.e. requesting program / staff support re: safety concerns, behavioural challenges, social and/or emotional challenges, programming ideas, difficult transitions etc.

1.	
2.	
3.	
4.	

SECTION 10: Goals of Service Requested

Please note goals for child &/or centre below

1.	
2.	
3.	



SECTION 11: Consent to Referral for Service

A. FOR ALL CONTRACTS:

NOTE: *Approval from the Board/Management is required prior to being placed on waitlist for service. Please complete section below prior to sending referral to PACE.*

I _____, the centre supervisor/manager, hereby consent to this referral being made to the PACE Program. To facilitate the intake process, I give permission for the PACE Program to discuss with, and to request any report or information relevant from professionals named on this referral form.

VIRTUAL SERVICES

- I/We have read and understand the contents of the 'Virtual Services Information Sheet' (attached) and agree to the use of virtual services.

☐ YES ☐ NO

Type of Board / Management: e.g. parent-run, private			
Name of Owner/Director:		Approval for PACE Services Received by Owner/Director:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Phone:		Email:	
Name of Centre Supervisor:			
Centre Supervisor Signature:			

B. FOR CHILD SPECIFIC CONTRACTS & CHILD SPECIFIC CONSULTATIONS:

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.

VIRTUAL SERVICES

- I/We have read and understand the contents of the 'Virtual Services Information Sheet' (attached) and agree to the use of virtual services.

☐ YES ☐ NO

Parent /Guardian Signature

Printed Name

Date

Parent /Guardian Signature

Printed Name

Date



Virtual Services Information Sheet

Virtual services are not intended to replace in-home or in-office appointments but may be used as necessary or by family preference.

For the purpose of this information sheet, the terms 'PACE Employee' and 'Staff' will refer to the individual Child & Family Worker, Family Counsellor, or Child Therapist from the program which you are voluntarily accessing and receiving services.

Virtual services are an online communication tool allowing face to face dialogue.

The purpose of this virtual services information sheet is to inform you of:

- The process of virtual appointments
- The potential risks of this service
- Certain safeguards

The Process:

- You and the PACE Employee will determine if virtual services are right for you. Consent can be withdrawn at any time by submitting a request in writing to The PACE Program.
- The PACE Employee will send you an electronic "invitation" to the session which will outline the confidential login information prior to the agreed upon session time.
- You will be given an instruction sheet to follow for accessing your session, in some instances this may be verbal.
- Prior to the start of each session the PACE Employee will verify that all participants in the session are identified. Staff will also verify the physical location of the client in case there is an emergency.
- The PACE Employee will keep the session open for 15 minutes following the agreed upon time. If you do not attend after 15 minutes, the visit will have to be rescheduled.

Potential Risks of Receiving Virtual Services & Safeguards

- **Security:** any internet-based communication is not guaranteed to be 100% secure or confidential. The PACE Employee and the Agency has made every reasonable effort to implement security measures that reduce risks of a confidentiality breach. Virtual services provided by staff will be through Microsoft TEAMS or as directed by the appropriate funding bodies. All platforms will include a waiting room, allowing the PACE Employee complete control over who enters the call.
- **Possible misunderstandings:** You should be aware that misunderstandings are possible with virtual services because nonverbal cues are less clear. Although virtual allows for face-to-face conversation there are still some limitations. Please have patience with the process and clarify information if you think the PACE Employee supporting you has not understood you well. Please be patient if the PACE Employee asks for periodic clarification as they are working to ensure an understanding of everything that you are sharing.
- **Technical problems:** There may be potential disruptions or disconnections due to internet connections during virtual session. If the virtual session is disrupted, the PACE Employee will call the client on the number provided at the time of intake, or the most current number agreed



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- upon. The PACE Employee will try and contact you several times. If the PACE Employee is unable to connect back with client and/or if reconnection cannot re-occur, the session will be re-scheduled at the next available time for both client and staff. The PACE Employee will make every effort to connect with the client regarding cancellations, scheduling and re-scheduling in a timely manner and ask that clients do the same.
- **Confidentiality & Compromised Safety:** Although all precautions will be taken by Client and Staff, the risk of third-party access to your confidential conversation is a possibility when using an online platform compared to an in-office session.

The following responsibilities of Client and staff are additional safeguards.

Responsibilities as a Client:

- Clients are responsible for creating and using additional safeguards on the device they are using for the virtual session to ensure their safety. These include; creating passwords to use the device, keeping email and chat ID's secure and maintaining security of their wireless internet access points. If you require more information, please consult with the PACE Employee supporting you.
- Clients are responsible for assisting in smooth sessions by closing other programs on their device, planning ahead to minimize distractions, and not answering calls, text messages or emails while on the virtual session.
- Clients should be in a quiet place and alone, when possible, during the virtual session. This is to maximize the session experience and reduce distractions. Being interrupted by others often interferes with people's ability to open up and compromises confidentiality and privacy. Having a private space also ensures that others in the client's general space do not accidentally find themselves a part of the session.
- Headphones may be used to increase the privacy of the session.
- The Client shall not audio record, video record, or photograph any part of the virtual session, or ask anyone else to.

Staff Responsibilities:

- The Staff will ensure to be alone in a private room that is free from distractions or Third- Party presence.
- The Staff will do everything possible to ensure a high quality, password protected wireless internet connection.
- The Staff will maintain and continue to take notes as with any visit, in person or in office which will be included in the existing client file, with all previously mentioned safeguards.
- The Staff will not audio record, video record, or photograph any part of the virtual session, or ask anyone else to.