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

Supporting Healthy Transitions Program

REFERRAL FOR SERVICES

Forward completed referral to the Intake Team at the PACE Program by:

Fax: 604-266-3041 or **Email: admin@thepaceprogram.ca**

NOTE: * If siblings live in separate homes & are also transitioning, please fill in separate referral for each foster home.
If additional space in any area is needed, please attach a separate sheet noting section.

A. Referral Information:

Referred By:		Referral Date:	
Role:		Office Code:	
Office Address:		Office #	
Direct Line #		Cell #	
Email:		Estimated Transition Date:	

Reason for Referral:

B. Transitioning Child/ren:

Child's Legal Name:		Date of Birth:	
Gender:		Pronouns:	
Ethnicity / Cultural Factors:		Nation *(if applicable)*:	
Child's Legal Name:		Date of Birth:	
Gender:		Pronouns:	
Ethnicity / Cultural Factors:		Nation *(if applicable)*:	
Child's Legal Name:		Date of Birth:	
Gender:		Pronouns:	
Ethnicity / Cultural Factors:		Nation *(if applicable)*:	

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C. Siblings Living in Another Home (Please complete separate referral if also transitioning):			
Child's Legal Name:		Date of Birth:	
Child's Legal Name:		Date of Birth:	
Child's Legal Name:		Date of Birth:	

D. Custodial Status of Child/ren Referred:			
Legal Guardian Name:		Child/ren's Legal Status:	
☐MCFD	☐MFS	☐ VACFSS	☐AMM
Expiry of Legal Status:		Date of Next Review / Court:	
Any birth parent/s contact with child/ren? ☐Yes ☐ No	Who, frequency, any restrictions		
Is birth parent/s aware of referral	☐Yes ☐No	Are they in agreement with this referral?	☐Yes ☐No

E. Current Home of Child/ren Transitioning (PRE HOME):			
Type of Home: *i.e. foster home, extended family, other*			
Address:			
Primary Caregiver #1:		Relationship to child:	
Date of Birth:		Language(s) Spoken:	
Ethnicity:		Cultural Factors:	
Primary Phone #		Secondary Phone #	
Email:			
Primary Caregiver #2:		Relationship to child:	
Date of Birth:		Language(s) Spoken:	
Ethnicity:		Cultural Factors:	
Primary Phone #		Secondary Phone #	
Email:			

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F. Future Home of Child/ren Transitioning (POST HOME) – if known at time of referral:

Type of Home: *i.e., return to parent, adoptive home, foster home, extended family, other*	
Address:	

Primary Caregiver #1:		Relationship to child:	
Date of Birth:		Language(s) Spoken:	
Ethnicity:		Cultural Factors:	
Primary Phone #		Secondary Phone #	
Email:			
Primary Caregiver #2:		Relationship to child:	
Date of Birth:		Language(s) Spoken:	
Ethnicity:		Cultural Factors:	
Primary Phone #		Secondary Phone #	
Email:			

G. Consent to Share Information with those applicable / noted below:

In addition to the "*Current Home" (PRE HOME) and "Future Home" (POST HOME) - section B & E*, consent is given to the PACE Family Counsellor to discuss any information relevant to providing the best support and service for the child/ren named in this referral, and to obtain any written reports, if applicable, with the following people/agencies:

Complete as applicable (required*):

Role:	**Name(s):**	**Agency:**	**Office Location:**	**Phone #**	**Email:**
Resource Social Worker(s)					
Adoption Social Worker(s)					
Out-of-Care Social Worker(s)					
School (list primary contacts)					
Family Preservation					
Mental Health Clinician/Therapist/IPC/ICY					
Cultural/Roots Worker					
RCY Advocate					
Other					

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H. Consent to Photograph

As the legal guardian of the child/ren named in this referral, I give consent for the assigned PACE Family Counsellor to take, receive and share photographs of the child/ren. These photographs will be used to create therapeutic stories and/or materials to support the child/ren transitioning.

**Please note PACE adheres to a strict confidentiality policy for securing and transferring photographs.*

Yes	☐	No	☐

Comments:

I. Consent to Referral for Service:

Consent includes reviewing each of the following items and signing below:

- As the legal guardian of the above-named child/ren, I request support from the *"Supporting Healthy Transitions Program*" to the current home (PRE HOME), the home the child/ren are moving to (POST HOME), and the child/ren involved/impacted by this transition in each of the homes, as applicable.
- I confirm that both the "PRE HOME" and the "POST HOME" as well as the other supports currently involved with these homes are aware of, and in agreement with, this referral, where possible.
- I understand that upon the end of service or participation, a "*Closing Report*" will be completed and forwarded to the following, as appropriate:
  - Referral Source and/or the child's Social Worker,
  - Resource Social Worker, if applicable
- I understand that the consent to share information and consent for service includes the intake process as well as the service delivery process. I understand that this consent expires after one year from date of this referral and can be renewed again, on a separate document, if applicable*.

COMMENTS / NOTES:

Legal Guardian Name:	
Legal Guardian Signature:	
Relationship to Child:	