



OFFICE USE ONLY:

Pre Intake date: _____

Waitlist #: _____

Services: ACCEPTED / DECLINED Date: _____

Port Alberni Association For Community Living

Thrive Program Referral

Reyna.Waller@paacl.ca Julie.Wakefield@paacl.ca

Referral Date: _____

Name of Child: _____
(First) (Last)

Date of Birth: _____ Gender: _____

Level of Service requested: (Thrive program only: see reverse for info)

Parent/ Caregiver Information

NAME _____ RELATIONSHIP _____

MAILING ADDRESS _____ V9Y _____

EMAIL ADDRESS _____

PHONE (HOME) _____ (CELL) _____

Has Parent/ Legal Guardian consented to this referral being made? YES NO

Legal Guardian Information

CHECK IF SAME AS ABOVE: AGENCY: _____

NAME _____ PHONE _____

Referral Information

REFERRED BY _____ AGENCY _____

POSITION _____ PHONE _____

REASON FOR REFERRAL: _____

CHILD'S DIAGNOSIS: FETAL ALCOHOL SPECTRUM DISORDER/ OR SUSPECTED COMPLEX DEVELOPMENTAL BEHAVIOR CONDITIONS/ OR SUSPECTED

For privacy reasons, PAACL will only provide information to the **parent/ legal guardian** regarding the waitlist or program intake for PAACL children's services programs.



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LEVEL 1: Minimal Support

Supported Individuals will receive:

- **ISP (Individual Service Plan) and Goal Setting:** this is a mandatory meeting between keyworkers and caregivers/ legal guardians/ other team members (if desired) to set up goals for the child/caregiver. This is done within 1 month of being assigned a Keyworker. While goals can change, they must be worked on to maintain participation within the program.
 - **At level one, the goals are expected to require minimal participation by the keyworker.** (guidance and accountability)
- **Information Binder:** A resource given to the parent/caregiver to organize all the child's important documents. This includes:
 - calendar for appointments
 - subsections for relevant information i.e. OT reports, VICAN assessments, medication info etc
- **My Booklet:** Support with creating a profile on the 'My Booklet' online resource. This is a collection of important information that is easy to read and can be taken to appointments or used when making applications.
- **Resource Package:** Available community resources and services. Can be added to the Information Binder.
- **Diagnosis Education:** Information will be provided to help caregivers and children understand their condition and suggestions on how to manage it. Can be added to the Information Binder.
- **Interdisciplinary Team Meetings:** a Keyworker (*may*) attend relevant meetings at schools, government agencies etc. (If requested by the caregiver)
- **Application Support:** Assistance in filling out relevant forms and applications (based on child's needs and goals).
- **Diagnosis confirmation:** Support throughout the assessment and diagnosis process (if needed).
- **Check in:** A Keyworker will follow up with a parent/caregiver regarding how things are going, either by phone, text or email (based on preference)
 - 1X per month for 6 months then 1x every 3 months.

LEVEL 2: Medium Support

Supported Individuals will receive **all supports listed in level one** and additionally:

- **Family Goals:** Goals are defined for the families so they can best support the child
- **Resources and materials** related to the Family goals (ie: social stories, routines, task boards...)
- **Interdisciplinary Team Meetings:** a Keyworker will attend relevant meetings at schools, government agencies etc.
- **Mentoring/Skill Building:** Parents/Caregivers will be encouraged and supported to gain independence and confidence in moving ahead independently with future needs for their child.
- **Check in:** A Keyworker will follow up with a parent/caregiver
 - 2x per month for 6 months then 1x month for 6 months

LEVEL 3: Maximum Support

Supported Individuals will receive **all supports listed in level one and two** and additionally:

- **Keyworker Support** at relevant meetings or appointments and to assist in filling out relevant forms.
- **One-one Direct Support** (child or caregiver) to work on specific skills and goals
- **Check in:** A Keyworker will follow up with a parent/caregiver
 - 1-2x per week for 6 months then 2x month for 6 months, then 1x month for 6 months