



**Ranch Ehrlo Society
Treatment Foster Care Program
Referral Information**

Part One- ELIGIBILITY CRITERIA (To be completed by the referring worker prior to the referral being submitted)

Treatment Foster Care (TFC) provides children (6-11 years) with the positive aspects of the nurturing and therapeutic family environment combined with active and structured treatment (children above or below these age ranges will also be considered in exceptional circumstances). Pre-admission visits will occur with at least one overnight visit prior to placement. A reasonable “fit” for the child and family is crucial to a successful placement. 24/7 crisis response and support are provided. TFC is not designed to provide long-term foster care. Children referred to the program must be able to be cared for safely with a treatment foster family residing in the community.

Does this referral meet the TFC Program criteria? (Select Yes or No to assess suitability against criteria. If further explanation is required, please use comment area.

YES NO The child exhibits at risk behaviours requiring 24/7 intensive supervision, support, and care: If yes, please explain further:

YES NO The child exhibits aggressive behaviours that pose a significant threat to welfare of other children or adults. Comments:

YES NO The child exhibits severe physical, mental, or developmental issues requiring an alternative treatment resource. Comments:

YES NO There are plans to reunite the child with family or transition the child to extended family or a long-term foster family within 24 months. Comments:

YES NO The child is currently enrolled in school on a full-time basis? If the child is in an alternate or specialized educational placement (i.e., SLC classroom, Ranch Ehrlo classroom, etc.), please comment on the ministry plan to secure educational placement as part of the referral process. Comments:

Part Two- PRIMARY REFERRAL

Name of Child:

Date of Birth (use format 01-Jan-2000):

Placement requested for TFC Regina: Saskatoon: Prince Albert:

Place of Birth:

Health Card Number:

Treaty Card Number:

Status (i.e.: Ward; Parental Agreement) Please attach copy of scanned agreement with this form:

Current Placement:

Length of Stay:

Is English the child's first language: YES NO

If not, what language is spoken at home?

Please provide a physical description of the child (i.e.: height, weight, scars/tattoos, hair, and eye color):

Part Three- REFERENT INFORMATION

Referent Name:

Referral Date to TFC (date referral was submitted to TFC):

Phone number(s): Office: Cellular:

E-mail address:

Address:

MSS Supervisor:

Supervisor Phone Number:

Part Four- FAMILY INFORMATION

Name of Mother: Date of Birth (dd-Month-yy):

Include Maiden Name if different from above:

Address: City/Prov:

Phone Number (include area code):

Employer and occupation:

Describe the relationship with their child and their interest in reunification:

Name of Father:

Date of Birth:

Address:

City/Prov:

Phone Number (include area code):

Occupation/Employer:

Describe the relationship with their child:

Name of Family/Caregivers identified for Reunification (If different from above):

Name of Maternal Caregiver:

Paternal Caregiver:

Address:

City/Prov:

Phone Number (include area code):

Describe the relationship with child:

Siblings/Significant Others

Name	DOB	Relationship	Location	Contact?

Additional Family Information:

Part Five – CAREGIVER RISK FACTORS

	0 (no risk) to 4 (high risk)				5 (unknown)
Substance Abuse	1	2	3	4	5
Mental, Emotional, Intellectual or Physical Impairments	1	2	3	4	5
Parental Skills/Expectations of Child	1	2	3	4	5
Empathy/Nurturing/Bonding	1	2	3	4	5
History of Violence or Sexual Assault	1	2	3	4	5
Protection of Child by Non-abusive Caretaker.....	1	2	3	4	5
Recognition of Problem/Motivation to Change	1	2	3	4	5
Level of Cooperation.....	1	2	3	4	5

Familial, Social and Economic Factors

	0 (no risk) to 4 (high risk)				5 (unknown)
Environmental Conditions	1	2	3	4	5
Stress on Family	1	2	3	4	5
Social Support for Family	1	2	3	4	5
Economic Resources of Family	1	2	3	4	5
Domestic Violence	1	2	3	4	5

Have other family members been explored as a potential placement?

Additional Information Family (strengths, challenges or information not already documented)

Part Six - MEDICAL HISTORY:

PLEASE INCLUDE A COPY OF THE IMMUNIZATION RECORDS (scan and email as attachment).

Medical Issues:

Allergies Asthma Dental Problems Disabilities Seizures
Immunizations Diabetes Bleeding/Bruising

If any of the above are checked, please describe:

Medications (explain):

Infectious diseases:

Other (describe in detail):

	Name	Phone #	Last/Next appt.
Physician			
Dentist			
Optical			
Specialist			
Specialist			

Does the child have any suspected or confirmed developmental problems (i.e.: fetal alcohol exposure, ADHD, etc.)?

Is the child vaccinated for COVID-19? 1 dose 2 doses 2+ doses Not vaccinated

Has the child been hospitalized since birth? YES NO

If yes, describe the reason:

Does the child have mental health issues? (please describe)

Diagnoses (please include date and name of person providing the diagnosis):

SOLVENT/DRUG ABUSE HISTORY:

Does the child use tobacco? YES NO

Does the child use alcohol, drugs, or solvents? YES NO

If yes, describe usage, age at which use started, frequency and extent:

Describe the pattern of alcohol and drug use within the family system.

Part Seven- EDUCATION:

Please attach any available information regarding the youth's education (i.e.: academic testing, behavioural problems, suspensions, letters from teachers). Please note that attending school or alternate day program is a requirement of the program.

Last school attended:

Address:

Teacher's name:

Program or grade level:

Describe the child's attitude towards and behaviour in school:

Describe the child's academic progress:

Identify any special accommodations and/or level of support required for school placement to be successful:

List any other schools attended, date of attendance, and grade:

Part Eight- PLACEMENT HISTORY:

List all placements the youth has been in (i.e.: foster homes, group homes, custody facilities, relatives, etc.), the dates of the placement and the reasons for moving. (Use additional sheet, if necessary).

Placement

Dates

Reason for Move

Part Nine- Cultural Plan: (Please comment on the child’s cultural plan as developed by the Ministry of Social Services.)

Part Ten - COMMUNITY:

Has the child been involved in any illegal activity? YES NO

Have the police become involved? YES NO

If yes, list charges, court dates, and dispositions and attach relevant documentation (i.e.: undertaking, probation, community service orders, subpoena to witness, etc.)

Community Involvement (social groups, recreational, employment, volunteer, etc.):

Describe the child’s peers:

Current Placement Information: (functioning, daily routines, interests, areas of strength, challenges)

List the child’s major strengths:

List the child's major needs/issues:

Does the youth show interest and motivation for a placement in the Treatment Foster Care Program?

Part Eleven- NEEDS/ISSUES:

What are the major issues for service and/or referent expectations for the child and family while at Ranch Ehrlo's Treatment Foster Care Program?

<u>Need/Issue</u>	<u>Referent's Expectation</u>
1	
2	
3	
4	
5	

What is the anticipated period of treatment?

Part Twelve- FUNDING INFORMATION:

Treatment Foster Care Invoices to:

Is placement at Ranch Ehrlo School requested (available only for the Whitehorn program)? YES NO

If yes, education invoices to: ICFS Agency Province of Saskatchewan

Other:

Part Thirteen- SUPPORTING INFORMATION (DOCUMENTATION AND ASSESSMENTS)

The following information is required prior to the child’s placement in our program (Please attach/provide). Use the comment box if required to provide additional information:

Health Service Card and Number	YES	NO	Comment:
Band Treaty Number (if applicable)	YES	NO	Comment:
Birth Certificate	YES	NO	Comment:
Social Insurance Number Card (if applicable)	YES	NO	Comment:
Wardship Documentation (Section 9, Long Term Order, etc.)	YES	NO	Comment:
Immunization record	YES	NO	Comment:
Copy of Probation Order, Undertaking, etc.	YES	NO	Comment:
Ministry Child Assessment and Development Plan	YES	NO	Comment:
Ministry Cultural Plan	YES	NO	Comment:
Ministry Assessment and Case Plan	YES	NO	Comment:
Child Welfare Investigation Record	YES	NO	Comment:

Additional Comments for previous questions:

Please attach copies of the following assessments if they have been completed.

Educational and Psychological Assessments
Psychiatric Assessments
Comprehensive Social History
Family Assessments
Addictions Assessment (where applicable)
Proof of Vaccination for COVID-19
Other:

Please forward completed referral information to:

Kate Langen
Director of Treatment Foster Care (Programs North & South)
Ranch Ehrlo Society
P.O. Box 570 Pilot Butte, SK S0G 3Z0
Kate.Langens@ranchehrlo.ca
Cell: (306) 596-2085
Fax Number: (306) 757-0599

You will be contacted to confirm receipt of this referral.