



RANCH EHRLO SOCIETY REFERRAL INFORMATION/SOCIAL HISTORY

Date: _____

PRIMARY REFERRAL

Child's Name:/Preferred Name: _____ Date of Birth: _____

Gender (identifies as): Male Female Birth Place: _____

Health Number: _____ Treaty Number: _____

Status (ie: Ward; Parental Agreement) Please attach copy: _____

Current Placement: _____

Length of time at Current Placement: _____

Is English the child's first language: Yes No If no, what language is spoken at home? _____

Please provide a physical description of the child (ie: height; weight; scars/tattoos; hair and eye color):

REFERRAL AGENCY INFORMATION

Name of Referral Agency: _____

Mailing Address of Referral Agency: _____

Primary Contact Person(s): _____

Phone Number: _____ E-mail: _____

Supervisor Name: _____ Emergency contact number: _____

Any additional agencies to be involved: _____

If this is an out of province referral, will you be using Sask. Interprovincial Courtesy supervision? Yes No

FUNDING INFORMATION

Funding approved: Yes No (If yes, please send letter/email of confirmation to Intake Director)

Care and Treatment Invoices to: _____

Education Invoices to: ICFS Agency Province of Saskatchewan

Other: _____

Reasons for Referral/Service Issues*

Externalizing Behaviours	0 = No evidence	1 = Mild	2 = Moderate	3 = Severe	Unknown
Verbal aggression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical aggression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Property damage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Running away	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cruelty to animals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire setting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual intrusiveness &/or aggression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexually exploited/Sex Worker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High risk sexual behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gang involvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internalizing Behaviours	0 = No evidence	1 = Mild	2 = Moderate	3 = Severe	Unknown
Symptoms of anxiety (e.g., excessive worry/fear, panic attacks)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Symptoms of depression (e.g., feeling sad, loss of interest)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suicide ideation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suicide attempts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-harm (e.g., cutting, hitting, choking)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eating disturbance (e.g., bingeing/purging, food restriction)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance Use	0 = No evidence	1 = Mild	2 = Moderate	3 = Severe	Unknown
Alcohol, drugs or solvents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<p>If 2 or 3 for any above referral issue, please explain:</p>	
--	--

*Rating guide: (0) **No evidence** = Don't see any issues here. No action needed.
 (1) **Mild** = See some problems here. Let's watch and try to prevent.
 (2) **Moderate** = Definitely see problems here. Help is needed.
 (3) **Severe** = Serious problems here. Help is needed immediately/intensively.

Trauma Exposure	Check if yes:
Physical abuse	<input type="checkbox"/>
Emotional abuse	<input type="checkbox"/>
Sexual abuse	<input type="checkbox"/>
Neglect	<input type="checkbox"/>
Witness to domestic violence	<input type="checkbox"/>
Multiple placements	<input type="checkbox"/>
Witness of family addictions	<input type="checkbox"/>
Community violence	<input type="checkbox"/>
Family breakdown	<input type="checkbox"/>
Grief/Loss	<input type="checkbox"/>
Other	<input type="checkbox"/>

Does the referred person have a current psychiatric diagnosis/diagnoses? Yes No

If yes, please explain:

Who made the diagnosis and the approximate date?

FAMILY/CAREGIVERS IDENTIFIED FOR REUNIFICATION

Name of Mother/Maternal Caregiver(s): _____

Include maiden name if different from above: _____

Address: _____

Phone number: _____

Describe the relationship with their child and their potential for reunification:

Name of Father/Paternal Caregiver(s): _____

Address: _____

Phone #: _____

Describe the relationship with their child and their potential for reunification:

If birthparents are different than above:

Name of biological mother: _____

Remain in contact: Yes No

Name of biological father: _____

Remain in contact: Yes No

Caregiver Risk Factors	0 = no risk	1 = mild risk	2 = moderate risk	3 = high risk	Unknown
Substance abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental, Emotional, Intellectual or Physical Impairments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parental Skills/Expectations of Child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Empathy/Nurturing/Bonding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
History of Violence or Sexual Assault	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protection of Child by Non-abusive Caretaker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recognition of Problem/Motivation to change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Level of Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Familial, Social and Economic Factors	0 = no risk	1 = mild risk	2 = moderate risk	3 = high risk	Unknown
Environmental conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stress on family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social support for family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic Resources of family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Rating guide:

- (0) **No evidence** = Don't see any caregiver or child welfare risks here.
- (1) **Mild** = See some caregiver risks/issues here.
- (2) **Moderate** = Definite caregiver risks and child welfare concerns in this area.
- (3) **Severe** = Serious caregiver risks, child welfare concerns and significant safety concerns in this area.

Which family members been explored as a potential placement?

Additional family information (strengths, challenges, or information not already communicated)

MEDICAL HISTORY

Please include a copy of the immunization records:

Medical issues:

- Allergies Asthma Dental Problems Disabilities
 Seizures Immunizations Diabetes Hospitalization

If any of the above are checked, please describe:

Does the child have any suspected or confirmed developmental issues (ie: fetal alcohol exposure)?

Has the child been vaccinated against COVID-19?

- One dose Two doses Two doses + Not vaccinated

Medications (explain): _____

Medical needs/safety issues/infectious diseases requiring additional safety planning before admission

Other (describe in detail): _____

	Name	Phone #	Has there been an appointment within the last 12 months?	Date of next appointment?
Physician				
Dentist				
Optical				
Specialist				
Specialist				

EDUCATION

Please attach any available information regarding the youth's education (i.e.; academic testing, behavioral problems, suspensions, and letters from teachers).

Last school attended: _____ Grade: _____

Date last attended: _____

School address: _____

Is the child currently in a specialized program? Yes No

If yes, please describe: _____

Describe the child's attitude towards and behavior in school: _____

COMMUNITY

Has the child been involved in any illegal activity? Yes No

Have the police been involved? Yes No

If yes, list charges, court dates, and dispositions and attach relevant documentation (i.e.: undertaking, probation, community service orders, presentence reports):

Community Youth Worker's Name: _____

Phone #: _____ Address/Email: _____

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

SERVICE/CASE PLANNING

What are the child's major strengths? _____

What are the major referral expectations &/or desired outcomes for the child/youth and family?

1) _____

2) _____

3) _____

What is the anticipated period of treatment? _____

What is the discharge resource? _____

The following information is required prior to the youth's placement in our program:

- Health Service Card and Number
- Birth Certificate
- Wardship Documentation (Section 9, Long Term Order, etc.)
- Band Treaty Number (if applicable)
- Immunization Record, including records for COVID-19 vaccine (if available)
- Copy of Probation Order, Undertaking (if applicable)

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)

Other: _____

Please forward completed referral information to:

RANCH EHRLO SOCIETY, Intake Committee Attention:
Amanda McConnell
P O Box 570, PILOT BUTTE SK, S0G 3Z0

Email: intake@ranchehrlo.ca
Fax: (306) 757-0599

You will be contacted to confirm receipt of this referral.