



FASD Worker Referral Form

Confidential

The personal data collected on the on-line Fetal Alcohol Spectrum Disorder (FASD) Worker Referral Form is used to verify our current client records and to determine eligibility for admission. Please review the information on Fetal Alcohol Spectrum Disorder (FASD) on the CHEO website to understand what the FASD Worker can offer a family.

If you are interested in accessing the services of an FASD Worker for yourself, your family or your client/patient/student, please take a few minutes to answer the following questions.

Once the form is received, the FASD worker will complete a needs assessment to help identify the best way to meet the child or youth's needs and determine eligibility for the FASD Worker Program. This form will be part of the child or youth's medical record, and is confidential. ***Note: A diagnosis of FASD is not required to receive service from an FASD Worker.**

Referral Source Information. This form may be completed by family or service provider.	
Today's Date (dd/mm/yyyy):	
Who is filling in this form? (Please check one box): <input type="checkbox"/> Parent/Caregiver/Legal Guardian <input type="checkbox"/> Self/Youth <input type="checkbox"/> School Team <input type="checkbox"/> Professional/Community Agency <input type="checkbox"/> Physician <input type="checkbox"/> CHEO Access Team <input type="checkbox"/> Other	
Name (referral source):	
Contact Phone #:	Alternate Phone #:
Consent	

Please fax completed form to 613.761-9525 or by mail to:
ABLE2, FASD Worker Program,
312 Parkdale Avenue, Ottawa, Ontario, K1Y 4X5

<p>I have consent from the legal guardian to submit this form: () Yes () No</p> <p>The legal guardian gives consent for the FASD Worker Program: () Yes () No</p>
<p>The youth (12 – 21 y.o.) gives consent for the FASD Worker Program: () Yes () No</p>

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<p>Reasons for requesting an FASD Worker:</p> <p>() Diagnosed with FASD</p> <p>() Suspected FASD</p> <p>() On waitlist for FASD Diagnostic Assessment</p>	
<p>Family lives in:</p> <p>() Ottawa () Prescott-Russell () Stormont, Dundas & Glengarry</p>	
<p>Child/Youth Information</p>	
<p>Last Name:</p>	<p>First Name:</p>
<p>Date of Birth (dd/mm/yyyy):</p>	
<p>Address:</p>	
<p>City:</p>	<p>Postal Code:</p>
<p>Primary Parent/Guardian Name:</p>	
<p>Relationship:</p>	

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Preferred Phone #: <input type="checkbox"/> Home#: <input type="checkbox"/> Cell #: <input type="checkbox"/>	
<input type="checkbox"/> Work #:	
Additional Information (Voluntary)	
Self-Identification: <input type="checkbox"/> Francophone <input type="checkbox"/> First Nations <input type="checkbox"/> Metis <input type="checkbox"/> Inuit <input type="checkbox"/> Newcomer	
Language(s) Spoken:	Interpreter Required: <input type="checkbox"/> Y <input type="checkbox"/> N
Please check all care providers and services involved with the family:	
Services	Previous (P), Active (A) or Waitlist (W)
<input type="checkbox"/> CHEO	
Specify programs:	
Specify programs:	
<input type="checkbox"/> Rotary Home	
<input type="checkbox"/> School Name of school:	
<input type="checkbox"/> Childcare Program Name of program:	
<input type="checkbox"/> Service Coordination	
<input type="checkbox"/> Local Health Integrated Network (LHIN)	
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<input type="checkbox"/> Children's Inclusion Support Services (CISS)	

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<input type="checkbox"/> Roger Neilson House	
<input type="checkbox"/> Children's Aid Society	
<input type="checkbox"/> United Counties of Prescott-Russell	
<input type="checkbox"/> Valoris Service for Children and Adults of Prescott-Russell	
Specify programs:	
<input type="checkbox"/> SD&G Developmental Services	
<input type="checkbox"/> Inuit programs	
<input type="checkbox"/> Indigenous program	
<input type="checkbox"/> Akwesasne	
<input type="checkbox"/> Other	
<input type="checkbox"/> Other	
Please share any other information you think is important for us to know.	

If you have any questions or require help completing this form, please contact ABLE2's FASD Worker Program at 613-761-9522 Ext. 234 fasd@able2.org

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