Request for Service

Key Worker Support Services
2805 Kingsway, Vancouver, BC V5R 5H9
Phone: 604.451.5511 Fax: 604.451-5651

Child/Youth: _____/ _____ Male ☐ Female ☐
(first name) *(last name)*

Birthdate: _____/_____/_____ Child/Youth identifies as Aboriginal: YES ☐ NO ☐
Month *Day* *Year*

Child/Youth lives with: Both Parents ☐ Mother only ☐ Father only ☐ Foster Family ☐
Other ☐ (relationship to child/youth):_____

Name(s): _____ Address: _____

City: _____ Postal Code: _____ E-mail_____

Telephone: Home_____Work_____Cell_____

School and/or Daycare (if applicable): _____

The legal guardian for this child/youth is: **Both Parents** ☐ **Mother only** ☐ **Father only** ☐ **MCFD** ☐
Other ☐ (relationship to child/youth) _____

Guardian Contact information (if different from above)**:**

Name: _____ Address: _____

City: _____ Postal Code: _____ E-mail_____

Telephone: Home_____Work_____Cell_____

Need for an interpreter: Yes ☐ No ☐ If "Yes", what language: _____

Does the child/youth have a confirmed diagnosis of FASD? Yes ☐* No ☐

Does the child/youth have a confirmed diagnosis of any other neurodevelopmental condition?
Yes ☐* No ☐ Please specify: _____

If child/youth has a confirmed diagnosis, please provide copies of any relevant assessments/reports.

If no confirmed diagnosis, is the child being assessed for: FASD☐ CDBC☐ Other☐(specify): _____

Please answer the following: *"Things are going well, and there are no pressing concerns at present for me, or my child/youth."* Yes ☐ No ☐

If "No", please circle on the following scales how you feel that your child/youth's challenges are currently affecting:

Family relationships
0 1 2 3 4
not an issue *complete breakdown*

School attendance
0 1 2 3 4
not an issue *complete breakdown*

School performance
0 1 2 3 4
not an issue *complete breakdown*

Community participation
0 1 2 3 4
not an issue *complete breakdown*

****Child/Youth Personal Health Number:_____**
*****This number must be provided in order to be eligible for service.***

Signature: Parent/Legal Guardian: _____Date: _____

Please also complete "Child/ Youth Profile" on reverse with as much relevant details as possible.

Child/Youth Profile

In order to help us determine how we can best serve your child/youth and family, please provide as much relevant background information as possible.		
Family Situation:	**Strengths/Preferences/Interests:**	**Medical Information:**
		Allergies:
Communication:	**Learning Style:**	**Medications:**
		Date of last review of meds:
Social Skills:	**Community Activities/Involvement:**	**Physical Challenges:**
		Hearing:
Professionals/Services (Current/ Previous):	**Dislikes/Triggers:**	**Vision:**
		Other Sensory Information:
Challenging Behaviour:	**Favourite Feedback:**	**Daily Routines:**
		Sleep:
Effective Strategies:	**Other Relevant Info:**	**Nutrition:**
		Exercise: