Algoma Family Services
SERVICES AUX FAMILLES D'ALGOMA

THRIVE
Child Development Centre
Centre de développement de l'enfant

COMMUNITY LIVING
Algoma
Inspiring Possibilities

Algoma
PUBLIC HEALTH
Santé publique Algoma

NOG-DA-WIN-DA-MIN
FAMILY &
COMMUNITY
SERVICES

A State Of Well Being
By Taking Care Of Each Other

CHILDREN'S COORDINATED ACCESS - ALGOMA
TEMPORARY CLIENT REFERRAL

*Agency Receiving Initial Referral: ☐ AFS ☐ THRIVE ☐ CLA ☐ APH ☐ MCYS ☐ NOG ☐ OTHER

Client Information:		**Client Number:**	
*First Name:		*Date of Initial Call:	/ / (mm/dd/yyyy)
*Last Name:		*Call Taken By:	
*Other Names Used:		Previous/Current service or agency involvement:	
*Date of Birth:	/ / (mm/dd/yyyy)	Client Previous I.D. #:	
*Gender:	☐ Male ☐ Female	*Address 1:	
*CAS Currently Involved:	☐ Yes ☐ No	*Address 2:	
*In Custody of CAS:	☐ Yes ☐ No	*City:	
Currently on Probation:	☐ Yes ☐ No	*Province:	
*Current School:		*Postal Code:	
*Current Grade:		*Home Phone #:	
Client's Physician:		First Nation:	
*Language of Service:		Status Card #:	

*Referral Reasons/Concerns:

*Caller Advised of Crisis Services: ☐ Yes ☐ No

Guardian Information:			
*Guardian First Name:		*Agency Name (if applicable):	
*Guardian Last Name:		*Agency Phone (if applicable):	
*Relationship to Client:		*Home Phone No:	
*Legal Guardian:	☐ Yes ☐ No	*Work Phone No:	
Best Time to Call:		Cell Phone No:	
*Contact Restrictions/Warning:	☐ Yes ☐ No	If yes, please explain)	

Referral Information:			
*Name of Person Contacting Agency:			
*Name of Agency (if applicable):		*Agency Contact Phone #:	
Who encouraged you to contact the Agency?			
*Is family aware you've made the referral?		☐ Yes ☐ No	
*Referral Method:	☐ Letter / Fax / E-Mail	☐ Phone Call	☐ Walk In
Referred To: ☐ AFS ☐ THRIVE ☐ CLA ☐ APH ☐ NOG			Date: / / (mm/dd/yyyy)
☐ THRIVE - ELR ☐ Other (Specify)			

Fax Numbers: **AFS** 942-9273 **THRIVE** 759-0783 **CLA** 253-1777 **APH** 942-9915 **NOG** 946-3717