

## 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:	<input type="checkbox"/> Male <input type="checkbox"/> Female	*Address 1:	
*CAS Currently Involved:	<input type="checkbox"/> Yes <input type="checkbox"/> No	*Address 2:	
*In Custody of CAS:	<input type="checkbox"/> Yes <input type="checkbox"/> No	*City:	
Currently on Probation:	<input type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Yes <input type="checkbox"/> No	*Work Phone No:
Best Time to Call:	Cell Phone No:
*Contact Restrictions/Warning: <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
*Referral Method: <input type="checkbox"/> Letter / Fax / E-Mail <input type="checkbox"/> Phone Call <input type="checkbox"/> Walk In	
Referred To: <input type="checkbox"/> AFS <input type="checkbox"/> THRIVE <input type="checkbox"/> CLA <input type="checkbox"/> APH <input type="checkbox"/> NOG	Date: / / (mm/dd/yyyy)
<input type="checkbox"/> THRIVE - ELR <input type="checkbox"/> Other (Specify)	

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