



When you need help with the most difficult job in the world.

# DIVERSION SERVICES REFERRAL FORM

I am referring myself

Date: \_\_\_\_\_

I am submitting a referral on the behalf of the caregiver(s)

Agency Name \_\_\_\_\_

Contact Name \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Caregiver(s) Name \_\_\_\_\_

How did you hear about the Parent Aide Program? \_\_\_\_\_

Marital Status \_\_\_\_\_

DOB (mm/dd/yyyy) \_\_\_\_\_

Street Address \_\_\_\_\_

Ethnicity \_\_\_\_\_

Phone Number \_\_\_\_\_

City \_\_\_\_\_

Best time of day to contact caregiver: \_\_\_\_\_

Caregiver employed outside the home?  Yes  No

Attending School?  Yes  No

What are the times that work best for a parent aide to visit? \_\_\_\_\_

Reason for Referral: What do you feel a parent aide could do for the family? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Household Information: Please list the individuals that are living in the home at the time of this application.

**Name                      Age      Gender      Relationship to you      Other Factors**

Name	Age	Gender	Relationship to you	Other Factors



### HISTORY

Are you aware of any of the following issues (past or current)? If so, please elaborate and indicate which family member(s) the issue applies to. This information enables us to better match a parent aide with your family. Please be assured that all information will be kept confidential.

- Inappropriate (includes lack of) Discipline: \_\_\_\_\_
- Lack of Supervision: \_\_\_\_\_
- Inappropriate Caregiver(s): \_\_\_\_\_
- Domestic Violence: \_\_\_\_\_
- Physical Neglect: \_\_\_\_\_
- Emotional Neglect: \_\_\_\_\_
- Home Cleanliness: \_\_\_\_\_
- Physical Abuse: \_\_\_\_\_
- Sexual Abuse: \_\_\_\_\_
- Verbal Abuse: \_\_\_\_\_
- Cognitive Limitations: \_\_\_\_\_
- Mental Health: \_\_\_\_\_
- Physical Disability or Health: \_\_\_\_\_
- Difficult Behaviour: \_\_\_\_\_
- Alcohol Abuse (specify past/current): \_\_\_\_\_
- Drug Abuse (specify past/current): \_\_\_\_\_
- Methadone: \_\_\_\_\_
- Gang Affiliation: \_\_\_\_\_
- Parent Aide Safety Concerns: \_\_\_\_\_
- Other (use additional page if necessary): \_\_\_\_\_

### CONFIDENTIALITY

All information will remain confidential, although we are required to do a name check only with Social Services in order to avoid duplication of services. If necessary, the Parent Aide Program may have contact with the referring agency.

Caregiver(s) Signature \_\_\_\_\_

Agency Signature (if applicable) \_\_\_\_\_

Referrals can be returned in person at our office, through mail or by fax at 306.974.3170.

Address: 502 Avenue L South Saskatoon, SK S7M 2H4

Thank you for completing this application form and for your interest in our program. If you have difficulty in returning this form, please call Judy at 974-3172 to make alternative arrangements.

### FOR OFFICE USE ONLY:

Assigned to parent aide: _____	Phone: _____
Number of hours per week: _____	Date: _____
Parent Aide Director _____	
_____	