

#### **CEDARWOOD FAMILY PROGRAM**

10453 Whalley Boulevard, Surrey, B.C. V3T 5B1 Phone: 778-945-1690 Fax: (604) 586-4019

## <u>CEDARWOOD Screening Tool for families with OPEN MCFD file:</u> for considering Cedarwood Family Program Referrals.

Note: Ask client whatever questions you need to, to determine the likely answer to each item below.

If in doubt, consult with the MCFD CEDARWOOD liaison or with CEDARWOOD directly. This list reflects CEDARWOOD policy, but exceptions may be warranted.

Circle YES or Item: NO: 3. Has behaviour problem been going on a long time (e.g. over 6 months)? ............ Yes / No 4. Are behaviour problems more than a reaction to a specific event/situation? ....... Yes / No 5. Are problems likely to threaten the stability of the home or school placement. 6. Have less intensive community helpers been tried, including physician? ...... Yes / No (For example: school counsellor, CHADD, Parents Together, church, relatives) 7. Does family have the motivation and the means to attend at least one appointment weekly, usually in Surrey (some day, some evening) for several months? ........... Yes/No If NO to any of the above, refer client back to try less intensive community supports. If "YES" to all. continue: 8. Can the family safely wait for CEDARWOOD services to become available? If "NO", refer to a more rapid-access service. If "YES", then this is an appropriate referral to CEDARWOOD; please continue: 9. Will MCFD keep a file open after referral to CEDARWOOD is made? ...... Yes / No If "NO", (a) refer to CEDARWOOD by completing Short Referral form (one page) and fax today to CEDARWOOD. (b) Tell client CEDARWOOD staff will call them to confirm referral and when their spot opens. (c) Open & close MCFD file. (in these cases, a primary Counsellor/Case Manager will be assigned within CEDARWOOD. No further MCFD involvement is necessary unless, or until, child protection or major

**Lastly, if "YES"**: (a) Do full length CEDARWOOD Referral form and **fax to MCFD Liaison Worker, fax 604-501-8202 (currently Karen Lyric)** for priorization for CEDARWOOD waitlist. (b) Have an MCFD file opened. Primary case manager assigned within MCFD.

psychiatric issues arise.)



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MCFD File staying Open Yes_ No	MCFD Multi-Di	sciplina	ry Team		CYMH	ı 🗆	
MCFD Social Worker / CYMH Clinician:	Date completed:		District office:				
Mailing Address:	Telephone :			Fax:			
	Email:						
Section 1 Child (Case name	e)						
Legal name (in full)	Known as;			D.O.B.			Gender
Primary Caregiver/Guardian:	ver/Guardian: Child		I Legal Status				L
Address & postal code Ho			me Phone:			Work phone:	
Email:							
Is there a current custody dispute?							
Approx. date of next hearing/court revi	ew						
What type of custody agreement is in	olace?						
Is there a court order mandating couns	selling for the child?						
Section 2: Family members	<b>S</b>						
Partner's name			Address				
Age Involved Yes_ No			Home Phone Wor			rk phone	
Parent living elsewhere			Address				
Age Involved Yes_ No			Home Phone				Work phone
Other family members							I
Name	Relationship to	child		ome?	Age		Available
			Y/I	١			Y/N
			Y/I	١			Y/N
			Y/I	١			Y/N
			Y/I	N			Y/N
			Y/1	١			Y/N

## **Section 3: Safety Concerns**

FAM	IILY OR CHILD HAS A HISTO	RY OF (please	check each th	at apply):	
		(			
	DRUGS	YES□	NO 🗆	WHO / WHEN	
	ALCOHOL	YES□	NO 🗆	WHO / WHEN	
	VIOLENCE	YES□	NO 🗆	WHO / WHEN	
	SUICIDE/SUICIDE IDEATION	YES□	NO 🗆	WHO / WHEN	
	MENTAL ILLNESS	YES□	NO 🗆	WHO / WHEN	-
	MEDICAL RISK	YES□	NO 🗆	WHO / WHEN	-
	HOSPITALIZATIONS	YES 🗌	NO 🗆	WHO / WHEN	
	OTHER (SPECIFY	YES□	NO 🗆	WHO / WHEN	
IS T	HERE DOCUMENTATION OF			VVI 1214	
	MOTIVATION – family wants help?	YES	NO $\square$	WHO / WHEN	
	Is family required to attend CFP?	YES 🗌	NO 🗆	WHO / WHEN	
	Abuse – Sexual	YES 🗌	NO 🗆	WHO / WHEN	
	Abuse – Physical	YES 🗌	NO 🗆	WHO / WHEN	
	Abuse – Neglect	YES□	NO 🗆	WHO / WHEN	
	Criminal Charges	YES□	NO □	WHO / WHEN	
	DESCRIBE NATURE OF A	NY "YES" ABO	VE:	VVIILIN	
Sec	ction 4: Reason for R	eferral			
GIVI	E A BRIEF DESCRIPTION OF	THE NUMBER	R ONE PRIORI	TY CHALLENC	GES (UNRESOLVED ISSUES) (why
	rral now):				5=5 (5:=5 5= 1 = 5 1 = 5 , ()
1)	MAIN CHILD CHALLENG	ES (UNRESO	LVED ISSUES	)?	
2)	MAIN FAMILY CHALLEN	GES (UNRES	OLVED ISSUE	S)?	
3)	OTHER HABITS, ATTITT	UDES, BEHA\	/IOURS (eg: be	ed wetting, soili	ng, tics):

## **Section 5: Current and past referrals:**

HAS THE FAMILY BE	EN TREATED AS	A UNIT BEFORE	Yes [	□ No □	
IS THE CHILD AT RIS	K TO COME IN C	CARE NOW	Yes [	□ No □	
OTHER CURRENT SE 1)	ERVICES	PHONE N	UMBER	CONTACT N	AME
2)					
3)					
4)					
Past professional	İs				
OFFICE:	OFFICE: NAME:		S:	TELEPHONE	WHEN (include prev placements):
WHOSE IDEA WAS TI	HE CFP REFERR	RAL?	HOW LON	G HAS MCFD BEE	EN INVOLVED?
Section 6: Collate	eral Reports				
INFO ITEM	ENCLOSED	AVAILABLE	INFO IT	TEM ENC	ELOSED AVAILABLE
SCHOOL YE REPORTS NO		YES □ NO □	MEDICAL YES REPORT NO		YES NO
MEDS LIST YE	ES 🗌	YES 🗌	PSYCHOL	OGIST YES	YES
NO	o U	NO		NO	NO
PSYCHIATRIC YE		YES □ NO □	PROBATIO	ON YES NO	YES NO
SPEECH / YE	ES 🗍	YES	OTHER (specify) YES		YES
HEARING NO	) 🗆	NO 🗆		NO	NO
Section 7: Medica	al Information	I			
CHILD'S DOCTOR (G	P): TELEPHO	DNE:	CHILD'S S (please spe	SPECIALIST: ecify)	TELEPHONE:
IMMUNIZATION UP TO Y / N	O DATE:	MEDICATIONS:			
PAST SIGNIFICANT D	DISEASES AND C	URRENT HEALT	H CONCERN	IS (eg: allergies, di	iet, etc.):
PHYSICAL DESCRIPT	FION AND HEALT	ΓΗ OF CHILD:			

#### **Section 8: School Information**

SCHOOL NAME:	ADDRESS:	DATE LAST	GRADE	I.E.P. DONE:	SCHOOL PROBLEMS:		
		ATTENDED:	FINISHED:	YES	MILD		
				NO 🗆	MODERATE _		
				PENDING	SEVERE		
STUDENT'S INTERES	STS/SKILLS:	<u> </u>		REGULAR CLAS	S?		
SOCIAL DEVELOPME	ENT CLASS?	SCH	OOL S.E.A./C.C	C.W.?			
MAIN SCHOOL DIFFI	CULTY:						
SCHOOL PHONE:		COI	JNSELLOR'S N	IAME:			
SCHOOL FAX:			CLASSROOM TEACHER:				
OTHER SCHOOL CO	NTACTS OR INFO:						
	our of the child (Stre						
ADMISSION CASE STRENGTHS (in 1.	n order of priority)	AC 1.	MISSION CHALLENGES	LIST (in order of priority):			
2.		2.					
3.		3.					
4.		4.					
Section 10: Fami	lv.						
			0000000000000	IDE (HOLIOFILO) B			
ECONOMIC STATUS	EF BACKGROUND ON TH , LIST IMPORTANT DATE:	E FAMILY. DE S, EVENTS, ST	RESSORS.	JRE (HOUSEHOLD	; SOCIO-		
FIRST NATIONS	YES □ NO□	PARI	ENT(S) ARE IM	MIGRANTS	YES   NO		

PLEASE SKETCH A SIMPLE GENOGRAM BELOW (mention losses, conflicts, close bonds – to whom?)					
Section 11: Anticipated transition and Closing Planning					
AGENCIES AND/OR SERVICES EXPECTED TO BE NEEDED AFTER CLOSING WITH CEDARWOOD					
1.					
2.					
3.					