

THE COMMUNITY GROUP PROGRAM FOR CHILDREN EXPOSED TO WOMAN ABUSE

SEND TO: GROUP CO-ORDINATOR FOR CHILDREN EXPOSED TO WOMAN ABUSE CHILDREN'S AID SOCIETY P.O. BOX 7010,
LONDON, ONTARIO N5Y 5R8 (519) 455-9000 Fax: (519) 455-4355 Web: www.caslondon.on.ca April 2008

Referral Form

Today's Date: _____

Child's Name: _____

Sex: _____ **Date of Birth:** _____ **Age:** _____
F/M Day / Month / Year Age Today

Custodial Parent: _____ **D.O.B.:** _____

Address: _____
Apt. Number Street City Province Postal Code

Phone Number: _____
Home Business Cell

Email Address: _____

School: _____ **Grade:** _____

Educational or Special Learning Needs: _____

Siblings Name: _____ **D.O.B.:** _____

Mother's Participation

To further enhance the therapeutic nature of groups for children, women are invited to participate in a Mothers' Group that takes place during the same timeframe as the Children's Group. As children begin to heal from the impact of being exposed to abuse, Mothers' groups provide an opportunity for women to gain information and support in nurturing the relationship between themselves and their children.

As a custodial parent are you interested in participating in the Mother's Group? Yes No

What is the abusive individual's relationship to the child: _____

Where did you hear about the program? _____

Name of any agencies involved: _____

This program is also offered through Native Services. Please check the box if you are interested in more information about the Native Group Program.

For Administrative Use Only	Date Received: _____	RRNI Completed <input type="checkbox"/>
	ISA _____	M / G Contacted <input type="checkbox"/>
<input type="checkbox"/> Contact Info Current <input type="checkbox"/> M in M.G. <input type="radio"/> Yes <input type="radio"/> No Group # _____ <input type="checkbox"/> Info Letter Sent to Parent <input type="checkbox"/> Inter M - S <input type="checkbox"/> School Letter	<input type="checkbox"/> CPW _____ <input type="checkbox"/> O F (Pink Sheet) <input type="checkbox"/> Transportation Submitted/Arranged <input type="radio"/> CAS <input type="radio"/> Taxi <input type="radio"/> Own <input type="checkbox"/> PGMB _____	

Please Indicate Brief Family History And Any Additional Relevant Information:

(please briefly describe what happened in your family)

Please Indicate Current Family Issues:

(custody & access, child behaviour, and any other relevant information)

Consent to Release Information

I consent to the release of information for the purpose of my child participating in the group between member agencies of The Community Group Treatment Program. The consent is only valid while the child is receiving services from the Program.

Custodial Parent / Guardian Signature

Date

Important

Many children are not given the opportunity to participate in group due to the inability to find families. In the event that we are unable to contact you due to moving or your telephone number changing, please indicate below the name and telephone number of someone who will always know where to contact you.

Name

Telephone Number

For Administrative Use Only - Group Completion Checklist

- Group Summary Complete
- Summary Sent To Parent/Guardian

- Summary Sent To CPW
- File Recorded/Closed In EForms
- Post Group Meeting: _____