



# Intervention Services Direct Home Services Program Referral (Part I)

Direct Home Services Program

Office Use Only:
File: _____
CRMS: _____
Zone: _____

The Direct Home Services Program (DHSP) is family centered home-based preschool service available to families/caregivers with children birth to school-entrance, at risk or having an identified developmental delay. The purpose of the DHSP is to enhance child development outcomes by providing parents/caregivers with an increased understanding of their child's developmental abilities/diagnosis as well as appropriate intervention strategies to address their child's developmental and behavioural needs.

**PLEASE PRINT CLEARLY**

Date of Referral (DD/MONTH/YYYY):	Child's First Name, Middle and Last Name:	HCN:	
Address: _____		Male <input type="checkbox"/>	Date of Birth: (DD/MONTH/YYYY)
City: _____ Postal Code: _____		Female <input type="checkbox"/>	
Parent(s)/Legal Guardian's name and relationship to child: Name: _____ Relationship: _____		Is Parent/Legal Guardian aware of this referral? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name: _____ Relationship: _____		Please Note: Parent/Legal Guardian's permission is required to make referral.	
		Living arrangement: _____	
Telephone number(s):			
Home:	Cell:	Work:	Can voicemail be left?
Parent/Legal Guardian's Address: (if different than above)			
Children, Seniors, Social Development involvement:			
<input type="checkbox"/> Previously <input type="checkbox"/> Currently		Social Worker: _____	
		Telephone: _____	
List referrals made to other services and date (DD/MONTH/YYYY)		Other Professional(s) involved and telephone number(s):	
_____		_____	
_____		_____	
_____		_____	
Diagnosis/es (if applicable):			
Referral Source name :	Referral Source job title:	Referral Source signature:	Referral Source telephone:



# Intervention Services Direct Home Services Program Referral (Part II)

Direct Home Services Program

Name: \_\_\_\_\_

HCN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Reason for Referral:

<p><b>Behaviours:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Impulsivity</li> <li><input type="checkbox"/> Hyperactivity</li> <li><input type="checkbox"/> Harm to others</li> <li><input type="checkbox"/> Attention/focus</li> <li><input type="checkbox"/> Anger/aggression</li> <li><input type="checkbox"/> Tantrums</li> <li><input type="checkbox"/> Self-harm/injury</li> <li><input type="checkbox"/> Repetitive behaviours</li> <li><input type="checkbox"/> In childcare centre</li> <li><input type="checkbox"/> In community</li> <li><input type="checkbox"/> At home</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Sleep difficulties</li> <li><input type="checkbox"/> Brain/head injury</li> <li><input type="checkbox"/> Neurological issues</li> <li><input type="checkbox"/> Seizures/convulsions</li> <li><input type="checkbox"/> Motor</li> <li><input type="checkbox"/> Vocal tics</li> <li><input type="checkbox"/> Food sensitivities</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Family conflict/violence</li> <li><input type="checkbox"/> Family history of mental illness</li> <li><input type="checkbox"/> Family history of substance abuse</li> </ul>
<ul style="list-style-type: none"> <li><input type="checkbox"/> Peer difficulties</li> <li><input type="checkbox"/> School readiness</li> <li><input type="checkbox"/> Learning difficulties</li> <li><input type="checkbox"/> Social skills</li> <li><input type="checkbox"/> Play skills</li> <li><input type="checkbox"/> Difficulty transitioning</li> <li><input type="checkbox"/> Difficulty following rules/routines</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Toileting</li> <li><input type="checkbox"/> Dressing</li> <li><input type="checkbox"/> Feeding concerns</li> <li><input type="checkbox"/> Personal grooming/hygiene</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Gross motor (large muscle)</li> <li><input type="checkbox"/> Fine motor (manipulation)</li> </ul>
<p><b>Details of Presenting Issues/Goals for Service:</b></p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>		

Fax To: DHSP Intake: Urban at 709-752-4580 or Rural 709-759-3377  
For inquires call: Urban at 709-752-4350 or Rural 709-759-3379

As part of Occupational Health and Safety Legislation, please review the following and indicate potential risk factors in relation to home visits:

Risk	Yes	No	Comments
High Risk Neighbourhood (e.g. poor lighting, unpaved, no cell coverage etc.)	<input type="checkbox"/>	<input type="checkbox"/>	
Easy access to home/parking?	<input type="checkbox"/>	<input type="checkbox"/>	
Is there smoking in the home?	<input type="checkbox"/>	<input type="checkbox"/>	
Are there pets/animals in the home?	<input type="checkbox"/>	<input type="checkbox"/>	
Are there unsecured firearms in the home?	<input type="checkbox"/>	<input type="checkbox"/>	
Is there a history of substance/medication misuse?	<input type="checkbox"/>	<input type="checkbox"/>	
Is there a history of violence?	<input type="checkbox"/>	<input type="checkbox"/>	
Is there any known infectious/communicable disease?	<input type="checkbox"/>	<input type="checkbox"/>	
Is there a history of behaviour with the child/family that would require extra precautions?	<input type="checkbox"/>	<input type="checkbox"/>	

Referral Source Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_ DD/MONTH/YYYY

The personal information is being collected under the authority of Sections 29, 30 and 31 of the Personal Health Information Act and will be used for the purpose of planning your care. If you have questions concerning the collection, use, and disclosure of this information, please contact Intervention Services. If you have questions relating to Privacy and Access, please contact 777-8025.