Radius ABI Community Integration Service Referral and Intake Process

REFERRAL

1. Parents consent is required before any further steps are taken.

2. Referrals are made to the Radius CIS Coordinator from the schools, Saskatchewan Central ABI Outreach Teams, or community agencies working with children/youth with an Acquired Brain Injury.

3. Initial screening will be done by the Radius CIS Coordinator who will consult with the designated education/health contacts.

   A. When the referral is from the ABI Outreach Team, Radius will begin the application process after consulting with the appropriate school division.

   B. When the referral is from the school division or a community agency, Radius will consult with the Coordinator of the ABI Outreach Team to ensure an appropriate assessment.

4. In consultation with designated health and education contacts, Radius will prioritise the applications.

5. Radius, in consultation with the child/youth, parents, school, and the ABI Outreach Team will plan an appropriate integration plan.

INTAKE

The Radius Community Integration Service (CIS) is designed to support the child/youth by using existing community programs and services. To reflect this model the criteria for participation will be:

1. The child (6-14) youth (14-21) and family need to be willing to participate.

2. The child/youth has been or will be referred to the ABI Outreach Team.

3. Serving the same population as the Outreach Team, the child/youth will have a brain injury as a result of traumatic, chronic or pathological injury and is not related to congenital or degenerative disease.

4. The child/youth needs to enrolled in an education program under the jurisdiction of one of the three Saskatoon and area school divisions: Saskatoon Board of Education, Greater Saskatoon Catholic Schools, or Prairie Spirit School Division

RADIUS COMMUNITY INTEGRATION SERVICE

AGENCY INTAKE FORM

PERSONAL DATA:

DATE: ____________________

NAME: ____ SEX: ___ M ___ F

ADDRESS:____

CITY: _____________ POSTAL CODE: ___________PHONE: _____________________

BIRTHDATE: __________________________ PRESENT AGE: ________________

MOTHER'S NAME/ADDRESS:____

HOME PHONE: ______________________ BUSINESS PHONE:_________________

FATHER'S NAME/ADDRESS:____

HOME PHONE:_________________________ BUSINESS PHONE: ______________

GUARDIAN'S NAME/ADDRESS:____

HOME PHONE:_________________________ BUSINESS PHONE: ______________

CHILD CURRENTLY LIVES WITH? _Both parents _Mother _Father __Guardian

SASKATCHEWAN HEALTH #: ____

Has parental/guardian consent been given for the referral? ___ Yes ___ No
(Please sign the attached forms)

EDUCATIONAL INFORMATION:

SCHOOL DIVISION: __ S'TOON CATHOLIC ___ S'TOON PUBLIC __ PRAIRIE SPIRIT

REFERRED BY: _____________________ SCHOOL: ___________________________

TEACHER:__________________ PHONE: _______________ GRADE:_____________

OTHER SCHOOL STAFF, AGENCIES OR COUNSELLORS INVOLVED WITH THE FAMILY?____

____

ACQUIRED BRAIN INJURY OUTREACH TEAM INFORMATION:

Is child/youth currently involved with the ABI Outreach Team? __ Yes __ No

REFERRED BY:

____

OTHER ORGANISATIONS ACTIVELY INVOLVED?

____

____

OTHER IMPORTANT INFORMATION:

DATE OF INJURY____

CAUSE OF INJURY? ____

____

NATURE OF INJURY? ____

____

LEVEL OF MOBILITY? ____

Current Behavioral, Emotional, Cognitive issues that would impact integration plan: ____________

____

____

____

Reason for Referral: ____

Is there a Community Integration Plan? ____________________________

Family/Guardian Concerns:_____________________________________

____

____

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FOR OFFICE USE ONLY:

1. Refer to ABI Team __ Yes __ No
2. Referred to other Agency:

   ____

3. Contact school division:

   ____

4. Contact School __ Yes __ No
5. Referral Accepted: Yes, Contact for Interview No, Reason: ____________________
6. SGI: Indicate pre or post 95 injury: __________________________________

Start Date: __________________________

Recommendations:

____

____

RADIUS COMMUNITY CENTRE FOR EDUCATION AND EMPLOYMENT TRAINING

RELEASE OF INFORMATION FORM

Date: ________________________

I____,
(Please print, parent/guardian, and participant if 18yrs of age or over)

the undersigned, hereby authorize Radius Community Centre for Education and Employment Training to:

A. obtain and/or release relevant information with agencies (listed below) involved with the ongoing Community Integration Plan;
B. and/or, obtain and use participant pictures (Still or video tape) for Educational purposes (These pictures may be used for conference presentations or displays, and reports related to Acquired Brain Injury. Prior to any pictures being displayed, the parent/guardian and client will be informed of which pictures will be used and to whom, persons or events they will be presented.)
C. and/or, obtain and provide information to be used with ABI Partnership Project Data Collection System;

ABI Partnership Project Data Collection System
As part of the ABI Partnership Project data collection system, statistical information will be disclosed to Saskatchewan Health, including your Health Services Number. The information will be used to provide this agency and Saskatchewan Heath with information needed to effectively monitor the programs within the ABI Partnership Project. It will also provide necessary information for future program and service development for people with acquired brain injuries and their families. All the information about you and your family will be keep strictly confidential. No information or results from this date collection system will be released in any way that could identify you personally. Your participation or refusal to participate will not in any way affect the services you will receive.

of my **Son/Daughter or Foster Child/Ward:**
____
(Please circle to indicate choice) (Please print child's name)

Agencies Obtaining and/or Releasing Information:___________________________

____

Please indicate any restrictions to the above areas of authorization:

____

Signature of Participant:

____

Signature of Parent/Guardian:

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