KCR COMMUNITY RESOURCES

FAMILY SERVICES: SNAPP REFERRAL FORM

Date of Referral: _____

1. INTAKE INFORMATION - CLICK HERE FOR FULL ELIGIBILITY & PROGRAM INFORMATION

Please Note Eligibility Criteria: SNAPP prioritizes referrals for children with a CCO in place and whose permanency plan is adoption or 54.1. Referrals not subject to a CCO will be considered on a case-by-case basis depending on program availability. Referrals for consultative work to support children or youth with complex needs around processing difficult history are also considered.

For more information, click on this link *Supports & Networking for Adoption & Permanency Planning - KCR Community Resources*

Waitlist Policy: For the SNAPP program to provide a high level of service to its current participants, we do occasionally have to waitlist new referrals. Waitlisted referrals are managed through regular consultation between respective Team Leaders. Cases are prioritized based on the need determined by the imminency of transition and supports needed.

Added Documentation Requested*: Careplans, Psychoeducational Assessments if available and Location History*

Name of Referring Social Worker:	
Office:	Telephone:

Name of Referred Participant(s)	Date of Birth	Legal Status / Date Effective

Type of Referral Request: (Check all that apply)

☐ Direct Work *(for children 3+)*	☐ Adoption / Permanency Planning Consultation	☐ Post-Adoption Support
☐ Lifebook / Storybook creation	☐ Transitioning / Pre-placement Support	☐ Adoptive Parent Support
☐ Caregiver / Foster Parent Support		☐ Birth Family Support

☐ Other: _____

2. FAMILY & HOUSEHOLD INFORMATION

Target Foster Parent Planning Meeting Date (to be arranged by GSW): _____

Current Caregiver: ☐ Foster / ☐ Adoptive / ☐ F to A / ☐ Group Home / ☐ Other: _____

Name(s) of caregiver(s):	
Telephone:	Email:
Address:	
Resource Social Worker:	RSW Phone:

4. SNAPP Services Requested (check all that apply)

General SNAPP Services:

- ☐ Lifebook
- ☐ Storybook / Social Story
- ☐ Identifying and Understanding Feelings *(3+)*
- ☐ Processing Grief and Loss *(3+)*
- ☐ Life History and Making Sense of the Past (*3+)*
- ☐ Understanding Different Kinds of Families (*3+)*
- ☐ Developing Coping Skills *(3+)*
- ☐ Cultural Support *(3+)*
- ☐ Processing Difficult Information *(3+)*
- ☐ Understanding Reasons for Being in Care *(3+)*
- ☐ Other_____
- ☐ Other_____

Pre-Transition Supports:

- ☐ Pre-placement Planning
- ☐ Matching Consultation
- ☐ Transition Calendar
- ☐ Prepare child for Adoption/Permanency Transition
- ☐ Preparation and Support of Current Caregiver during Transitioning
- ☐ Preparation and Support of Adoptive Family in Transitioning
- ☐ Other_____

Transition Supports:

- ☐ Support Child During Adoption / Permanency Transition *(3+)*
- ☐ Support Foster Parent During Transition
- ☐ Building Attachment
- ☐ Support Birth Family during Transition
- ☐ Adoption Circle Meeting Support
- ☐ Support Adoptive Family during Transition
- ☐ Other_____

Post-Placement Supports:

- ☐ Supporting Attachment
- ☐ Support and Affirmation in Parenting
- ☐ Facilitating Openness
- ☐ Post-Placement Processing *(3+)*
- ☐ Other_____

Notes about service requests, including details around possible permanency planning:

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3. About the Child(ren)

About the Child/Youth (Strengths, Abilities and Special Needs)

Reasons for being in care:

Support Needs & Risk Factors (Select all that apply)

- ☐ Require Sibling Placement
- ☐ Require Cultural Match
- ☐ History of Neglect
- ☐ History of Physical Abuse
- ☐ History of Abandonment
- ☐ History of Sexual Abuse
- ☐ Sexualized Behaviors
- ☐ Physical Limitations
- ☐ Developmentally Delayed or Low I.Q.
- ☐ Previously Diagnosed with "Failure to Thrive"
- ☐ Birth Family History of Mental Illness
- ☐ Birth Parent Mentally Challenged
- ☐ History of Degenerative Illness
- ☐ FASD
- ☐ Neonatal Abstinence Syndrome
- ☐ Prenatal exposure to drugs
- ☐ Prenatal exposure to alcohol
- ☐ ADHD
- ☐ PTSD
- ☐ Multiple Placements
- ☐ Attachment Disordered
- ☐ Aggression
- ☐ Anxiety
- ☐ Challenging Behaviors
- ☐ Poor Self-Regulation
- ☐ Other_____

Additional Notes (history, significant relationships, etc.):

THIS PAGE IS OPTIONAL

5. Challenging Behaviour Checklist (Select All That Apply – current & past)

☐ Alienation	☐ Inability to trust adults	☐ Running away
☐ Argumentative	☐ Inappropriate attention seeking	☐ Self-destructive / Self-defeating
☐ Attention Difficulties	☐ Intrusive Thoughts	☐ Self-Harm
☐ Clinging	☐ Isolation from peers	☐ Sexualized behaviors
☐ Cruelty to Animals	☐ Lack of emotional attachments	☐ Sleepwalking
☐ Cruelty to Small Children	☐ Lack of respect for others	☐ Stealing
☐ Despair or Depression	☐ Lack of respect for personal property	☐ Suicidal Ideation
☐ Disordered Eating	☐ Lying or Untruthfulness	☐ Suicide Attempts
☐ Distorted thought patterns	☐ Nervous Habits i.e., nail-biting	☐ Tantrums or Rages
☐ Encopresis / Soiling	☐ Nightmares or Night Terrors	☐ Vagrancy or Soliciting
☐ Enuresis / Wetting	☐ Obsessive / Compulsive	☐ Vandalism or Property destruction
☐ Hoarding	☐ Phobias	☐ Verbal aggression
☐ Hyperactivity	☐ Physical aggression or Violence	☐ Vomiting
☐ Hyper-vigilant	☐ Poor Self-Regulation	☐ Wakefulness
☐ Hypochondria	☐ Promiscuity	☐ Whining
☐ Inability to accept limits	☐ Prostitution	☐ Withdrawal

Notes: (current vs past behaviors / behaviors not listed / etc.)