

# KidsAbility Referral Form for Waterloo Region

Fax to: 519-886-7292

Questions? Call: 1-888-372-2259 ext. 1214

Please complete form as fully as possible.



Today's Date:		Parent/Guardian Permission Received:	Y <input type="checkbox"/>	N <input type="checkbox"/>
Name of Referral Source:		Reason for Referral:		

### Child's Demographics:

Child Name:		Date of Birth:		Gender:	
Address:		City:		Postal code:	
Parent/Guardian:		Legal Guardian	Y <input type="checkbox"/> N <input type="checkbox"/>	Relationship:	
Address:		City:		Postal code:	
Home Phone:		Cell Phone:		Work Phone:	
Preferred Phone to contact:	H <input type="checkbox"/> W <input type="checkbox"/> C <input type="checkbox"/>	Email:		Consent to use email*:	Y <input type="checkbox"/> N <input type="checkbox"/>
Parent/Guardian:		Legal Guardian	Y <input type="checkbox"/> N <input type="checkbox"/>	Relationship:	
Address:		City:		Postal code:	
Home Phone:		Cell Phone:		Work Phone:	
Preferred Phone to contact:	H <input type="checkbox"/> W <input type="checkbox"/> C <input type="checkbox"/>	Email:		Consent to use email*:	Y <input type="checkbox"/> N <input type="checkbox"/>

\*Consent for use of email to receive handouts, letters, information about programs and events, Foundation Office emails, and/or to schedule appointments. Consent can be withdrawn at any time. To opt out of specific types of communication, please indicate below in Additional Information.

### Additional Information (if known):

Language(s) Spoken:		Interpreter Required:	Y <input type="checkbox"/> N <input type="checkbox"/>
Allergies:		Medications:	
Custody Arrangements:		School/Childcare:	
Siblings and Ages:		Site (Office Use Only):	

It is the referring guardian's responsibility to inform any other guardian of this referral. Documentation will be requested in situations of joint/shared or sole custody. Information will be shared with both guardians upon request, unless documentation indicates otherwise.

### Physicians/Other Agencies:

Name	Agency/Specialty	City

### Additional Information/More Referral Information

**Thank you for your referral. The parent or legal guardian will receive a phone call from an Intake Social Worker to complete an Intake Interview. This will take approximately 20-30 minutes.**