

Special Needs Strategy Intake Form



CHILD'S INFORMATION					
Last Name:		First	Name:		
Age:		Gender	Identified		
		□ M □	F 🛛 Other		
Address (Street #/Name):		Apt/Unit:	Community:	Postal Code:	
Primary Phone Number:		Alternative Phone Number:			
D.O.B.: Family Docto		ctor:			
DD/MM/YYYY	Contact In	fo:			
Status Card Number:		Health C	Health Card Number:		
Cultural Considerations:					
Child's School/Child Care:					
Is there is Individualized Education Plan (IEP) in place? If so, has the Initial Placement Review Committee (IPRC)?					
Teacher/Playroom:					
Educational Assistant/Teaching Assistant/Tutor Escort:					
Other Information:					

FAMILY INFORMATION			
Parent/Guardian Name:	Parent/Guardian Name:		
Relationship:	Relationship:		
Address:	Address:		
Primary Contact Number:	Primary Contact Number:		
Alternate Phone:	Alternate Phone:		
Email:	Email:		
Individual resides with:  Both parents Mother Father			
□ Other:			
Number of children living in the home:			
Custody status:  Joint  Mother  Father  Other:			



FILE NUMBER :

Mushkegowuk Health O.M.A. PO Box 370, Moose Factory, ON P0L 1W0 Ph: 705-658-4222 ext 161, TF: 1-800-265-6807, Fax: 705-268-0435, sns@mushkegowuk.ca

Is the child/youth involved with child and family services? □ Yes □ No				
Name of service:				
Name of worker:				
E-mail:				
Primary Phone: $\Box$ H $\Box$ C $\Box$ W Alternate Phone: $\Box$ H $\Box$ C $\Box$ W				
Relationship to child 🛛 Parent 🔅 Legal Guardian (describe):				
Other individuals involved in child/youth's plan:				

DIAGNOSIS	AND SERVICE	ES
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Does the child have any formal diagnosis or assessments (mental health, educational, sleep of social functioning) ? □ No □ Yes Describe:

Are there any suspected developmental concerns? 
Yes No
If yes, what do you suspect? 
FASD Austism Other:
Describe:

	Active Program/Services Involvement					
Contact Name/Title	Organization/Agency	Telephone	Service Type/Role	Status (Applied, Received, Waitlisted)	Consent Obtained:	



FILE NUMBER : \_\_\_\_\_

SUMMARY OF FUNDING SOURCES				
Funding Source	Status (being processed, completed, activite, non-active)	Consent Obtained:		

## CAN CHILD - 6 F'S WORDS PROFILE

Questions for Introductory Document – Prompts for 6 F' Words Profile (Function, Family, Fit, Fun, Friends, Future)

The 6 F-Words is a holistic approach in looking at Childhood Disability – The 6 F-Words focus on six key areas of child development. Recognizing that no one factor is more important than another. We will apply theses concepts when working with your child and family.

Coordinated Service Planning is a family centered service. This means that we will work towards goals that is important to your child and family. We would like to create a 6 F-Words Profile for your child so that we can get to know your child and family. This helps us by guiding how we can best support your family centered goals and needs.

Q: What is your child good at (Function)?

Q: Who is in your family (Family)?

Q: How does your child stay fit/active?( Fit)

Q: What does your child like to do? (Fun)

Q: Who are your child's friends: (Friends)

Q: What is a future goal your child may have? (Future)



FILE NUMBER :

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## PRIORITY ACTIVITIES

List what your current priorities are with your child.			
1.			
2.			
3.			
4.			
5.			

OFFICE USE ONLY		
Documents completed:		
Consent Form		
Consent to Exchange Information		
Screening Tool		
<ul> <li>Obtain diagnostic documents (assessments, reports, recommendations, etc.)</li> <li>Ocuments included in file (list):</li> </ul>		
Form Completed by:	Date:	



FILE NUMBER : \_\_\_\_\_