

Tikinagan Child & Family Services Intake/Investigations Unit Tel: 1-800-465-3624

(w)

Fax: 1-807-737-4954

lame of eferral Source:	Date of Referral:// Time:
osition/Title:	
ame of Organization (if applicable):  Identified?	ne #:Fax#:
follow-up required at the conclusion of the (Note: this can only be done with the information without consent are met.)  Referral Source aware of their ongoing Du	e investigation?YesNo consent of the family unless circumstances for releasing )
mary Caregiver(s): mmunity:Pho: dress:Pho:	Band Membership #: ne #: (h) (w) ild Protection Referral and/or in the home:
	Present Location of Child
ease use another page if needed)  2/Time of Incident:  (Please make note if the information	is historical or issues are on-going)
of Person(s) responsible for Alleged	Maltreatment:

Phone #: (h)

## Tikinagan Child & Family Services Report for Suspect Child Abuse/Neglect Cases (continued)

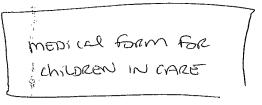
Is child fearful of anyone in the home? If yes, who and why?
Has child previously disclosed information to anyone else?  If so, to who and how did that person respond?
Are you aware if the situation has been previously reported to either CAS or Police?
Are the child(ren) at risk because of alcohol and/or drug abuse by the caregivers?
Is domestic violence an issue in the home?  Has there been any incidents of domestic violence that have affected the child(ren)?
Is the family currently involved with any community resources? Please list
Is the child currently at risk because of their own behaviour? (ie. Suicidal thoughts/attempts, use of solvents, alcohol abuse, and/or drug use.)
What is the parent's reaction to the child?
Are the parents and/or child requesting an out of home placement?
Is the child safe right now?
Has the family or child(ren) identified any extended family members as supports?

Please fax this to:

## Tikinagan Child & Family Services Report for Suspect Child Abuse/Neglect Cases (continued)

Please complete a Narrative regarding the child protection issue(s):  Note: Describe in detail the alleged incident(s).
•
Please use another page if necessary)
Please answer as many of the following questions as possible as they pertain to the situation:
When and where did the abuse occur?
Was the abuse physical, sexual and/or emotional?
Was the abuse a result of neglect?
Are there any marks, injury and/or bruises?
Was there need for medical attention?
f this is a disclosure of sexual abuse/assault has child been examined by a medical practitioner? Where? When? Who is the examining medical practitioner?

TIKINAGAN CHILD AND FAMILY SERVICES P.O. BOX 627, 63 KING STREET SIOUX LOOKOUT, ONTARIO P8T 1B1



Children's Aid Society of	Address	City	Pe	ostal Code	Telephone		
Child's name	Health Card No.		File No.	Date	if Birth		
Child's Worker	Reason for visit		Specific concerns				
Height   Weight	V <sub>i</sub> sion Right	Left	Both	Tempe	sinture		
General		4					
Skin			_ Chest	T V	TH VI		
Glands							
Head			Breasts				
Fontanelles		<del></del>	Abdomen				
Eyes			Liver	Sbro	en		
Ears			_ G.U				
Nose	······································		Gynecology_				
Throat	· · · · · · · · · · · · · · · · · · ·	<del></del>	L.N.M.P.	·····			
Thath	Neurological						
	Mentality						
Variable	Endocrine						
	orals Spine Extremities						
Urine	177	74	_cxu ennues		747		
Lab Tests and Xrays			JAVE L				
Current medication			Immunization given at this time				
Comments and recommenda	tions (Diagnosis and	treaument)	· · · · · · · · · · · · · · · · · · ·				
Follow-up	7				= 1/1		
Doctor's name	Signatur	ie		Date	1,, 1,		