Tikinagan Child & Family Services
Intake/Investigations Unit
Tel: 1-800-465-3624
Fax: 1-807-737-4954

[redacted]

lame of
eferral Source:_____ Date of Referral:__/___/____ Time:_____
D M Year

osition/Title: _____

ame of Organization (if applicable):_____
ddress:_____ Phone #:_____Fax#:_____

oes referral source agree to be identified? ____Yes ____No

follow-up required at the conclusion of the investigation? _____Yes _____No
(Note: this can only be done with the consent of the family unless circumstances for releasing information without consent are met.)

Referral Source aware of their ongoing **Duty to Report**? ____Yes ____No

rent's Name(s):_____
mary Caregiver(s):_____
mmunity:_____ Band Membership #:_____
dress:_____ Phone #: (h)_____ (w)_____

me of child(ren) currently involved in Child Protection Referral and/or in the home:

ne	Gender	Age	D.O.B. d/m/y	Present Location of Child

ase use another page if needed)

e/Time of Incident: _____
(Please make note if the information is historical or issues are on-going)

of Person(s) responsible for Alleged Maltreatment:_____
Community:_____
Relationship to child(ren):_____
Address: Phone #: (h)_____(w)_____

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? _____

Describe the child's current emotional, physical and mental state?

_____

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
Attention: Telephone Intake

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? _____

If this is a disclosure of sexual abuse/assault has child been examined by a medical practitioner? Where? When? Who is the examining medical practitioner?

medical form for children in care

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

Children's Aid Society of	Address City Postal Code Telephone		
Child's name	Health Card No.	File No.	Date of Birth
Child's Worker	Reason for visit	Specific concerns	
Height | Weight	Vision Right | Left | Both		Temperature

General

Skin _____ Chest _____
Glands _____ Lungs _____
Head _____ Breasts _____
Fontanelles _____ Abdomen _____
Eyes _____ Liver _____ Spleen _____
Ears _____ G.U. _____
Nose _____ Gynecology _____
Throat _____ L.N.M.P. _____
Tonsils _____ Neurological _____
Teeth _____ Mentality _____
Heart _____ Endocrine _____
Femorals _____ Spine _____
Blood Pressure _____ Extremities _____
Urine _____

Lab Tests and Xrays

Current medication	Immunization given at this time

Comments and recommendations (Diagnosis and treatment)

Follow-up

Doctor's name	Signature	Date