201 - 21755 Lougheed Hwy, Maple Ridge, BC V2X 2S2 Tel: 604.463.0881 Fax: 604.463.0026 www.rmcdc.com

## **KEY WORKER REQUEST FOR SERVICE**

The Key Worker program is available to families with children from birth to age 19 who have or are suspected of having FASD or CDBC and reside in the Maple Ridge/Pitt Meadows area. <u>Please Note</u>: Incomplete forms will be returned to sender. Child's Name: \_\_\_\_\_ (surname) (given) \_\_\_\_\_ Sex: \_\_\_ F \_\_\_ M Personal Health #: \_\_\_\_\_\_\_ D.O.B.: \_\_\_\_\_ Aboriginal Heritage: \_\_\_\_\_ Yes \_\_\_\_\_ No Language(s) spoken: \_\_\_\_\_ Child resides with: \_\_\_ Both Parents \_\_\_ Parent #1 only \_\_\_ Parent #2 only \_\_\_ Foster family \_\_\_ Other \_\_\_\_\_ Legal Guardian is: \_\_\_ Both Parents \_\_\_ Parent #1 only \_\_\_ Parent #2 only \_\_\_ Social Worker \_\_\_ Other \_\_\_ #1 Parent/Guardian Name: \_\_\_\_\_\_ Email : \_\_\_\_\_ \_\_\_\_\_\_Postal Code: \_\_\_\_\_ Address: \_\_\_\_\_\_ Parent/Guardian Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ #2 Parent/Guardian Name: \_\_\_\_\_\_ Email : \_\_\_\_\_ Address: \_\_\_\_\_Postal Code: \_\_\_\_\_ Parent/Guardian Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Physician Child Sees Most Frequently: \_\_\_\_\_\_ Phone: \_\_\_\_\_ Phone: \_\_\_\_\_ Other Agencies/Professionals/Physicians Involved: Diagnosis (if applicable): \_\_ Concerns: \_\_\_\_\_, have discussed (name, agency, address, and phone number of the person requesting service) this request for service with the above mentioned parent/guardian of the child.

Revised April 8, 2010 Jan 2021

