

Caregiver Template: Child and Youth Transition Information

Created in Partnership
South Vancouver Island Retention Committee



“The information and wisdom one foster parent learns about a child is never transferred to the next placement because we have inefficient mechanisms of communication” – Bruce Perry

Information to be filled out by the caregiver.		
First:	Middle:	Last:
Date of Birth: (MM/DD/YYYY)	Band/Culture/Identity/Religion:	Legal Status:
Child's Medical Number:	Name as it appears on MSP Card:	
Doctor:	Phone:	Address:
Dentist:	Phone:	Address:
Optometrist:	Phone:	Address:
Counselor:	Phone:	Address:
Other:	Phone:	Address:
Please provide details of all allergies, medications and treatments: (Clinical Diagnoses, Health and Disability related needs) <input type="checkbox"/> Anaphylaxis		
Please provide details of family contact: Name: _____ Relationship: _____ Phone: _____ Details: _____ Name: _____ Relationship: _____ Phone: _____ Details: _____ Name: _____ Relationship: _____ Phone: _____ Details: _____ Name: _____ Relationship: _____ Phone: _____ Details: _____ Name: _____ Relationship: _____ Phone: _____ Details: _____		
Please list important people in the child's life: (People to stay in contact with) Name: _____ Phone: _____ Relationship: _____ Name: _____ Phone: _____ Relationship: _____ Name: _____ Phone: _____ Relationship: _____ Name: _____ Phone: _____ Relationship: _____ Name: _____ Phone: _____ Relationship: _____		

Please provide details of the child's Cultural Plan and any related contact information: e.g. (band, religion, family traditions, identity, foods)

Please provide details of Ministry history: (Child Welfare, Child and Youth with Special Needs, Youth Probation, Child and Youth Mental Health)

Please provide details of school/community supports:

Teacher:

Grade:

School Counselor:

School:

Phone:

Address:

Please provide details of daily routines activities and appointments: *(Include any contact information if applicable)*

Behaviour / Risks:

Please provide details of any strategies or interventions:

Please list interests/strengths and likes:

Please list challenges /dislikes:

Please list any favorite: *(Food, toys, comfort items, activities, etc.)*

Life Books and Life Box – up to date, and viewed by Social Worker?

- Yes
 No, but will be updated by - Date: _____

Does the child or youth have a written Care Plan (also referred to as Plan of Care)?

- Yes
 No

Notes:

Resource Social Worker: _____

Contact Number: _____

Email: _____

Resource Social Worker Signature: _____

Date: _____

Guardianship Social Worker: _____

Contact Number: _____

Guardianship Social Worker Signature: _____

Date: _____

Caregiver's Name: _____

Contact Number: _____

Email: _____

Caregiver Signature: _____

Date: _____