

REFERRAL PACKAGE

FOR

SERVICE PROVIDERS & PARENTS

ABORIGINAL SUPPORTED CHILD DEVELOPMENT PROGRAM



Ki-Low-Na Friendship Society

442 Leon Avenue
Kelowna, BC
V1Y 6J3
Phone: 250-763-4905
Fax: 250-861-5514

KI-LOW-NA FRIENDSHIP SOCIETY

Aboriginal Supported Child Development Program

WHAT IS ABORIGINAL SUPPORTED CHILD DEVELOPMENT?

Aboriginal Supported Child Development is a community-based program to assist families with children with special needs who require extra supports and services. The program is intended to serve children up to 12 years of age, with some services for youth ages 13 – 19 years. Applicants must have a developmental delay or disability to be eligible for the program.

HOW DOES MY CHILD QUALIFY FOR SERVICES?

Any Aboriginal children who resides in the Central Okanagan Area, regardless of on or off reserve residency or status, is eligible to apply to the program.

The child must meet the following criteria (three points):

1. Age of the Child - Youth

Children age 0 to 12 years;

Youth ages 13 to 19 years: will be served on an individual basis.

2. Have a developmental delay or disability in physical, cognitive, communicative or social/emotional/behavioral areas

Evidence of developmental delay/disability in ONE or more of the following areas is required:

- Physical – child who is blind or visually impaired, has a neuro-motor or sensorimotor challenge or a special health care need;
- Cognitive – child who has an intellectual delay or disability;
- Communicative – child who is deaf or hard of hearing, or has significant language and speech challenges;
- Social/Emotional/Behavioral – child who has severe social, emotional, or behavioral challenges. Severe behavior is defined as: behavior which is dangerous to self and to others; extremely disruptive behavior which is consistent and persistent over time; behavior which is serious enough to be known to other community agencies and to warrant intensive interventions by other community agencies;

3. Documentation Required

Written documentation of a child's developmental delay or disability is required. This may be satisfied in a variety of ways. This may include a letter or report from a family doctor, specialist, or diagnostic team or clinic; a copy of an assessment report or referral from an Infant Development Consultant, Speech Language Pathologist, Physical or Occupational Therapist, Psychologist, Nurse, Early Childhood Educator, or

KI-LOW-NA FRIENDSHIP SOCIETY

Aboriginal Supported Child Development Program

other related professional. Developmental delay or disability can also be verified by the assessment of the Consultant.

Need for additional support can also be documented through a letter, report, assessment or referral that is similar to that required for documentation of developmental delay or disability as long as the need for supports is detailed.

How Will the Program Determine Priority for Services?

A priority list is set out, determining the priority for services, in the event that staff/funding is not adequate to service all children eligible for the Program.

- a) First priority to high Special Needs children in the zone - those with formal diagnoses and are not receiving mainstream SCD Services and require extra supports in order to function;
- b) The second priority will be high Special Needs children - without formal diagnoses and not receiving mainstream SCD Services and require extra supports in order to function. Written documentation will be required;
- c) The third priority should be Special Needs children – those who would benefit from supports and are not receiving mainstream SCD Services. Written documentation will be required.

Other service considerations may include:

Refer to outside resources

In cases where the child is eligible for ASCD, but providing services of ASCD is not appropriate or requested at this time, the child and family may be referred to outside resources, if a need has been identified that can possibly be addressed by other services in the community.

At this time, the ASCD program maintains a linkage with mainstream Supported Child Development. Referrals for services of Mainstream SCD will be made in the instances where the family wishes the child to be placed in a licensed child care setting.

Place on Waiting List

Applicants may be put on a waiting list, due to lack of resources (funding and/or staffing). Waitlist guidelines will apply.

KI-LOW-NA FRIENDSHIP SOCIETY

Aboriginal Supported Child Development Program

What Types of Services Will be offered?

All children in the ASCD program are eligible to receive the services of the Consultant. Many children will also require extra staffing supports of a Support Worker.

The level of services may be categorized into the following ranges:

□ **General ASCD Supports**

This may include any of the following services, but not limited to:

- Consultant Meeting – Support – Planning;
- Parent Training – Workshops – Development;
- Referrals to Therapists or other Service Providers;
- Information/training about the child's development, support needs, and strategies to meet them;
- Lend Toys or equipment for the family;
- Lend Books, videos, articles for the family;
- Cultural Activities;
- Coordination and access to other supports and services;

□ **Level 1 – Shared/Group Supports**

This may include any of the following services, including General ASCD Supports:

- Small Group Work with a Support Worker;
- Community Based Programming with a Worker;
- Coordination and access to other supports or services;

□ **Level 2 – One to One Support**

This may include any of the following services, including General ASCD Supports:

- A Support Worker

Summer Services: Many of the children who will receive Aboriginal Supported Child Development Services will be school-age children. Therefore, more service hours will be offered in the summer months. Once the child returns to School, the service hours will be reduced during the school year.

Services could include, but are not limited to:

- One to One Support Worker;
- Small Group (2 or 3 children) matched with a Support Worker;
- Assistance in offsetting therapy costs that are not covered by any other funder;
- Other specific services to cover specific needs within the parameters of the program.

KI-LOW-NA FRIENDSHIP SOCIETY

Aboriginal Supported Child Development Program

□ **Level 3 – One to One Support – Significant, ongoing supports required**

This may include any of the following services, including General ASCD Supports:

- A One to One Support Worker
- And Small Group Work with a Support Worker;
- Community Based Programming with a Worker;
- Coordination and access to other supports or services including therapies;

How to Apply?

Please complete the referral form attached. Please note that parent(s) must consent to the Referral.

You may submit your referral by mail, fax, or email to:

Ki-Low-Na Friendship Society
442 Leon Avenue
Kelowna, BC
V1Y 6J3
Phone: 250-763-4905 ext. 316
Fax: 250-861-5514
Email: ascd@kfs.bc.ca

KI-LOW-NA FRIENDSHIP SOCIETY
Aboriginal Supported Child Development Program

Referral Form

Child's Name: _____ Date of Birth: _____

Referral Source Information

Name: _____ Referral Date: _____

Agency: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

Relationship to Child: _____

Family Information

Parent's Name(s) _____

Address _____

Home Phone: _____ Work Phone: _____

Child's Band Affiliation or Off-Reserve: _____

Reason for Referral (please list any diagnoses or associated conditions and family's main concerns. Please attach a copy of the formal assessment).

Diagnoses and/or assessments: _____

KI-LOW-NA FRIENDSHIP SOCIETY

Aboriginal Supported Child Development Program

Please tick off the types of services requested:

- | | |
|--|--|
| <input type="checkbox"/> Family Service/Support | <input type="checkbox"/> Small Group Supports |
| <input type="checkbox"/> Support to access to other services/therapies | <input type="checkbox"/> Training/Workshops |
| <input type="checkbox"/> One to One Worker/Support | <input type="checkbox"/> Consultation |
| | <input type="checkbox"/> Physical/Medical Supports |

Additional Information:

Parent Consent

I/we understand that _____ (*name of referring person*) will forward this form and any documentation to the Ki-Low-Na Friendship Society Aboriginal Supported Child Development Program. The information shared will be used to help identify a plan of supports and services. I/we understand that staff from the Ki-Low-Na Aboriginal Supported Child Development Program will contact us to discuss the referral and work towards a plan for support.

Parent Signature

Date