



## Infant Child Development Program (Greenstone) Service Request

By checking this box, I confirm the client/parent/guardian is aware and consents to this service request.

### CLIENT INFORMATION

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **Gender:** \_\_\_\_\_  
**Date of Birth:** (yyyy) \_\_\_\_\_ / (mm) \_\_\_\_ / (dd) \_\_\_\_ **Ontario Health Card #:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_  
**Phone#:** \_\_\_\_\_ **Primary Language:** \_\_\_\_\_ **Secondary Language:** \_\_\_\_\_  
**Child Care/School:** \_\_\_\_\_ **Physician (if known):** \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION

**Name:** \_\_\_\_\_ **Relationship to client:** \_\_\_\_\_  
**Address:**  same as client \_\_\_\_\_ **City:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_  
**Phone#:** (home) \_\_\_\_\_ (cell) \_\_\_\_\_ (work) \_\_\_\_\_  
**Email Address:** \_\_\_\_\_ (optional – email unencrypted)  
**Primary Language:** \_\_\_\_\_ **Secondary Language:** \_\_\_\_\_ **Interpreter required:**  Yes  No  
**Name:** \_\_\_\_\_ **Relationship to client:** \_\_\_\_\_  
**Address:**  same as client \_\_\_\_\_ **City:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_  
**Phone#:** (home) \_\_\_\_\_ (cell) \_\_\_\_\_ (work) \_\_\_\_\_  
**Email Address:** \_\_\_\_\_ (optional – email unencrypted)  
**Primary Language:** \_\_\_\_\_ **Secondary Language:** \_\_\_\_\_ **Interpreter required:**  Yes  No  
**Client Lives with:** \_\_\_\_\_ (if different from above Parent/Guardian)  
**Custody Information:**  N/A  Joint Custody  Sole Custody  No Agreement  Formal Agreement  
 The Children's Aid Society of the District of Thunder Bay (CAS)  
 Dilico Anishinabek Family Care  Tikinagan Child & Family Services  
 Kinship Agreement  Other: \_\_\_\_\_

### CONCERNS/REASONS FOR REFERRAL:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Date of Birth: (yyyy)\_\_\_\_\_ / (mm) \_\_\_ / (dd) \_\_\_\_

**OTHER INFORMATION** (known diagnosis, risk factors at birth, urgent concerns, medical needs, agencies involved):

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**REFERENT INFORMATION:**

Name/Agency/Department (print): \_\_\_\_\_

Address: \_\_\_\_\_ Phone#: \_\_\_\_\_ Fax#: \_\_\_\_\_

Email Address: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\* (Please attach any relevant reports or additional information)**