Kristen French Child Advocacy Centre Niagara
a safe place to help, heal, end child abuse

Cathy's Kids

THE foster FESTIVAL
HUMOUR WITH HEART

Screening / Intake Form

Email Completed Form

Please fill in & mail / drop off form to:
Janet Handy, Executive Director, Kristen French CACN, 8 Forster St., St Catharines ON L2N 1Z9

(Participants must be between the ages of 9 and 11 yrs.)

Please complete all information & questions:

Name of Youth: _____ **Date of Birth**: _____

Name of Caregiver: _____

Contact Information:
Email: _____
Phone: _____
Address: _____

Referred by: _____

What is the youth's understanding of child abuse?

Does youth feel they are able to share and/or hear others talk about sensitive topics and experiences?

Has the youth completed an investigation with NRPS and/or FACS? *(We request that the participants have gone through and completed the investigation process with Family and Children's Services Niagara and/or the Niagara Regional Police Service.*

How does the youth see themselves benefitting from the group?:

Does the youth have any suggestions on creative projects that they would like to see the group undertake?:

Kristen French Child Advocacy Centre Niagara
a safe place to help, heal, end child abuse

Cathy's Kids

THE foster FESTIVAL
HUMOUR WITH HEART

Is youth able to make the commitment to attend all sessions? *(Please be aware that this is a **closed** group once it begins. Any significant absence will be detrimental to building the peer group dynamic and trust. We strongly recommend that participants maintain their presence for all sessions unless unavoidable due to illness or family crisis).*

Abuse history: While it is understood that participants of this arts program are not required to share any aspect of their experience, participants will be focusing on using creativity as a vehicle to enhance resilience in response to the experience of child abuse and will cover a number of educational topics regarding abuse. Although we have an FCC counsellor on site during these programs should a participant require individual support, **this program is NOT intended to replace therapeutic practices.** It is intended to **help youth better understand themselves & learn the power of creative self-expression.*** **Are there any aspects of the your experience that you would like to share in this form that will help us better understand your needs or capacity to participate?**

Yes:_____

NO:_____

Not at this time ☐

Does the youth have any fears/allergies to animals and/or food products?

_____

Comments/Concerns/Questions:

DATE OF COMPLETION: _____

Should you wish to speak to someone directly please contact:
Janet Handy, Executive Director at 905-937-5435 x 7001 or jhandy@kristenfrenchcacn.org

By signing this referral form I confirm that all information herein is accurate and that my applicant is aware of and has approved sharing content for the sole purpose of screening participants and that this program is not intended to replace therapeutic practices.

NAME _____ ***(PRINT)*** ***NAME*** _____ ***(PRINT)***

_____ **(SIGNATURE)** _____ **(SIGNATURE)**

Referral Source (counselor, caregiver/parent, other) **Applicant**

Date: _____ **Date:** _____