

**NAVIGATOR Assessment**

*PATIENT NAME:*

*DOB (CC child):*

*Age:*

*Address:*

*Gender:*

*Telephone Number:*

*Date of participant's enrolment into Complex Care program (child):*

**PRESENTING INFORMATION**

*DATE OF REFERRAL:*

*REFERRAL SOURCE:*

*SOCIAL WORKER ASSIGNED:*

*Limits of Confidentiality reviewed (yes/no)*

*REASON FOR REFERRAL:*

*OTHER PERINENT REFERRAL INFORMATION:*

**Family Situation (SELECT)**

- Supportive
- Helpful
- Involved
- Non-existent
- Stressful
- Disruptive
- Abusive
- Unable to asses
- \_\_\_\_\_

**PERTINENT LEGAL INFORMATION:**

*Child welfare involvement:*

*Marital Status*

*Are you the primary caregiver for this child? (yes/no)*

*If not, who is the primary caregiver of the child in the family?*

*What is your relationship to the child who is taking part in the Program?*

*Biological Mother/Biological Father/Foster Mother/Foster Father/Other(specify)*

*Custody issues: (yes/no) If yes specify:*

## **FAMILY MEMBERS/CHILDREN**

1. Name  
Relationship  
DOB
  
2. Name  
Relationship  
DOB
  
3. Name  
Relationship  
DOB
  
4. Name  
Relationship  
DOB

## **CULTURAL/ETHNIC/LINGUISTIC CONSIDERATIONS**

*Language(s) spoken:*

*Ethnicity:*

Mother's Country of Birth:

If Mother born outside of Canada, when did you arrive January in Canada? (Month/Year)

Father's Country of Birth:

If Father born outside of Canada, when did you arrive January in Canada? (Month/Year)

Are there cultural and/or religious practices that Yes you think we should be aware of?

## **EDUCATION**

*What is the highest level of education that you (and your spouse) have completed?*

**Mother** (Less than high school/High school/Completed College or technical training/ Completed university degree/ Post graduate degree/other)

**Father** (Less than high school/High school/Completed College or technical training/ Completed university degree/ Post graduate degree/other)

## **FINANCIAL SITUATION**

*Mother's employment situation*

- Employment/Profession:
- Providing medical care for my child
- Paid full time employment outside the home
- Paid part time employment outside the home
- Paid, self employed
- Left work for my child's care giving needs

- Lost my employment
- Off work since: Expected Return (year/month/day):
- Long term disability
- Looking for work
- Student
- Retired
- Other
- Receiving Financial Assistance (Source of income/amount & EI/OW/ODSP/CCPD/Other):

*Father's employment situation*

- Employment/Profession:
- Providing medical care for my child
- Paid full time employment outside the home
- Paid part time employment outside the home
- Paid, self employed
- Left work for my child's care giving needs
- Lost my employment
- Off work since: Expected Return (year/month/day):
- Long term disability
- Looking for work
- Student
- Retired
- Other
- Receiving Financial Assistance (Source of income/amount & EI/OW/ODSP/CCPD/Other):

*Legal Aid Eligible (yes/no)*

*Additional funding your family receives to assist with caring for your child:*

- Assistance for Children with Severe Disabilities
- Special Services at Home (SSAH)
- Assistive Device Program
- Régie des Rentes (Qué)
- Enhanced Respite Funding
- Easter Seals
- March of Dimes
- Drug Card
- CNIB
- No funding
- Other
- Specify other source of additional funding \_\_\_\_\_

*Comments:*

*Any other comments regarding additional funding?*

Annual household income (before taxes)

- Less than \$17,000
- \$17,001 - \$30,000
- \$30,001 - \$50,000
- \$50,001 - \$75,000
- \$75,001 - \$100,000
- Greater than \$100,000
- Decline to answer

*Number of people supported on this income:*

*On average, how much would you spend extra on an annual basis on equipment supplies + support to care for you child that is not covered by insurance or any funding?*

- Less than \$5,000/year
- \$5001-\$10,000/year
- \$10,001-\$20,000/year
- \$20,0001-\$30,000/year
- Greater than\$30,000/year

*Do you have any financial concerns related to caring for your child?*

**COMMUNITY INFORMATION (staff involved/contact name/number)**

- OCTC
- Service Coordination
- CCAC
- Respite
- Mental Health
- Child and Family Services
- Other:

**LIVING SITUATION/FUNCTIONAL STATUS**

*Housing type/adaptations/Subsidized*

*Does your housing situation present any difficulties for your child and/or your family?*

*Method of Transportation*

*Do you currently have any concerns about transportation for your child and/or family?*

## **COPING**

*Past Medical History/Relevant Health Information (including any psychiatric history ie.depression/anxiety, medications, hospitalizations/major illnesses, GP/Other physician involvement, etc):*

## **Network Mapping**

*Who is included in your support network? How are you interacting with them? What are some of the request? How often?*

*What is working well, and what would you need to develop a stronger support system?*

## **CLINICAL IMPRESSION- Completed by team Social Worker if applicable**

*Assessment Concerns to be addressed (SELECT):*

- Patient or parent denies needs or concerns at this time
- Adjustment to illness concerns
- Basic needs concerns
- Care coordination
- Compliance concerns
- Decision making concerns
- Discharge planning concerns
- Financial/employment concerns
- Grief and Loss
- Legal concerns
- Medication concerns
- Patient or parent refuses services
- Coping/stress concerns
- Parenting skills/knowledge concerns
- Cognitive/perceptual concerns
- Developmental concerns
- Safety Issues
- Substance use/abuse concerns
- Living arrangement concerns
- Suicide/homicide concerns
- Access to health care services
- Access to community services
- School issues
- \_\_\_\_\_

*Social Determinants/Potential Barriers to Service Delivery:*

*Patient/Family Strengths:*

*Mood/Affect:*

*Insight/Judgement:*

*Coping/Adjustment/Problem Solving skills*

*Observed dynamics:*

*Caregiver Stress:*

*Patient Education (select):*

- facilitate understanding of hospital processes
- increase understanding of illness/disability on relationships
- facilitate life transitions when health conditions require a modified lifestyle
- \_\_\_\_\_

*Family Education (select):*

- facilitate understanding of hospital processes
- increase understanding of illness/disability on relationships
- facilitate life transitions when health conditions require a modified lifestyle
- \_\_\_\_\_

*Resource Counselling (select):*

- identify and address barriers to discharge
- locate resources
- identify options and available supports
- facilitate referrals and applications to government/community agencies
- advocate for access to resources
- coordinate referrals
- coordinate placement plans
- assist patient and family to emotionally prepare for transitions
- prevent readmissions for non-medical reasons
- \_\_\_\_\_

*High Risk Information (SELECT):*

- None
- Unknown
- Unable to assess at this time
- Behaviour management problems
- Child protection concerns reported during this visit
- Criminal involvement
- Custody issue(s)
- Foster care
- Frequent hospitalization
- History of child protection case(s)

- History of significant psychiatric illness with patient
- History of significant psychiatric illness with parent(s)/caregiver(s)
- History of substance use for patient
- History of substance use for parent(s)/caregiver(s)
- Legal guardian other than parent
- History of previous medical conditions
- Immigration/relocation issues
- \_\_\_\_\_

**INTERVENTION PLAN /RECOMMENDATIONS:**

*Social Work Interventions & Patient/Family Goals (Action Plan)*

- CHEO Email Communication Consent signed