

Animal Assisted Interventions (Paws for Kids) Service Referral Form

AAI for DCF children and youth is a non-clinical delivered service, specifically utilized to provide comfort and/or to reduce anxiety for DCF children and youth who have experienced trauma. The animal/handler team will provide structured age appropriate educational activities for children and youth that aim to strengthen bonds and advance the child's awareness, respect, and empathy for animals.

NAME OF CHILD:			REFERRAL DATE:		
AGE:	GENDER:	LEGAL STATUS:	CHILD'S LINK ID:	WHERE IS CHILD LIVING?	
SOCIAL WORKER'S NAME		AREA OFFICE	PHONE:	EMAIL:	
FOSTER PARENT NAME:		FOSTER PARENT ADDRESS:	PHONE	EMAIL:	
FACILITY NAME:		FACILITY ADDRESS:	PHONE:	EMAIL:	
1. WHY IS THE CHILD INVOLVED WITH DCF?					
2. REASON FOR REFERRAL:					
3. WHAT ARE THE BENEFITS THAT THE DCF SOCIAL WORKER IS HOPING THE SERVICE WILL PROVIDE FOR THE CHILD?					
4. WHAT IS THE CHILD'S EXPERIENCE WITH ANIMALS? (PLEASE BE SPECIFIC & STATE NEGATIVE/POSITIVE EXPERIENCES AND WHETHER THE CHILD HAS A FEAR OF ANIMALS)					
5. DOES THE CHILD HAVE A HX OF AGGRESSION TOWARDS ANIMALS OR PEOPLE? IF SO, PLEASE EXPLAIN					
6. DOES THE CHILD HAVE ANY SPECIAL NEEDS THAT WILL NEED ACCOMODATIONS FOR THE VISIT?			YES	NO	
7. DOES THE FOSTER PARENT AGREE TO BE PARTICIPATE IN THE SERVICE WITH THE CHILD?			YES	NO	
8. WHO WILL BE TRANSPORTING THE CHILD TO EACH VISIT?					