



Applicant Pre- Admit Professional Reference Form  
(To be completed by CAS worker if applicable. If more than one CAS is involved a form must be completed by a worker in each jurisdiction. ONLY if there is no CAS involvement may another professional fill out the form )

Name of Applicant: \_\_\_\_\_

Your Name: \_\_\_\_\_ Agency: \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

Has the applicant had previous involvement with child protection?  
Explain \_\_\_\_\_  
\_\_\_\_\_

Are you in support of the applicant participating in Fresh Start Maternity Supports program for a minimum of 6 months? Please see [www.freshstartmaternity.com](http://www.freshstartmaternity.com) for a detailed program description. **Note that there have been significant changes to the program as of 2014.**

Yes  No Please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(If you are not in support there is no need to continue completing this reference form. Please sign and fax to 1-866-245-1774 Attn: Program Manager)

To your knowledge has the applicant been in other residential facilities? \_\_\_\_\_  
If so, what was their experience? \_\_\_\_\_  
\_\_\_\_\_

Do you have any concerns regarding the applicants ability to live peacefully in a communal living situation? \_\_\_\_\_  
\_\_\_\_\_

Has the applicant had a Parental Capacity Assessment?  Yes  No  
If yes, are you prepared to share results with our agency with the consent of the applicant?  Yes  No

**\*\* Please attach the Plan of Service (with client consent)** Admittance is conditional upon our agency being able to support these agreements.

To your knowledge does the applicant have :

- Mental health issues (suspected or diagnosed)\_\_\_\_\_
- History of substance misuse\_\_\_\_\_
- Criminal history\_\_\_\_\_
- History of involvement with unsafe partners/individuals\_\_\_\_\_
- History of violence towards others\_\_\_\_\_
- Learning/cognitive challenges\_\_\_\_\_

What are some helpful strategies for supporting the applicant?

---

---

What are your goals/measurable outcomes the applicant needs to accomplish prior to graduation if accepted for residency at Fresh Start?

---

---

---

Are there any conditions/restrictions that, if violated, would forfeit the applicant's right to parent? E.g. Leaving our program prior to completion or associating with certain individuals, being unsupervised in the community with child.

---

---

---

Do you believe the applicant has a full understanding of your concerns/child protection issues, takes responsibility and is committed to learning and direction?

Yes  No \_\_\_\_\_

If not accepted into our program, does the applicant have other options?

---

---

---

Do you believe the applicant indicates a capacity to parent independently after graduation, if given the proper tools?

Yes  No  Unsure, this is an assessment process (requires 1 month assessment period, following which FSMS staff will give our **opinion** as to whether resident requires further support, could be discharged from the program with the infant, or is not recommended to parent at this time based on our observations and concerns noted during the assessment period. Fresh Start reserves the right to discharge based on our ability to provide support and capacity of the mother to parent.)

Signature: \_\_\_\_\_

**Please fax form to 1-866-245-1774 or email to [admin@fsms.ca](mailto:admin@fsms.ca) attn: Program Manager**