



Ministry of  
Community and  
Social Services

Developmentally  
Handicapped  
Services

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ORIGINAL FILE

SOCIAL RECORD

Casebook No. [REDACTED]

Name [REDACTED] Facility HRC Ward or Unit [REDACTED]

**SOCIAL WORK PLACEMENT SUMMARY**

1997 October 14

**DATE OF BIRTH:** 1961 [REDACTED]

**DATE OF ADMISSION:** 1973 December 3

**DATE OF PLACEMENT:** 1997 October 22

**PLACED WITH:** Christian Horizons  
345 North Street  
Stouffville, Ontario  
L4A 4Z3  
Tel.: (905) 640-5365

**NEXT-OF-KIN:** Mr. [REDACTED] (Father)  
[REDACTED]  
Newmarket, Ontario  
[REDACTED]  
Tel.: [REDACTED]

Mrs. [REDACTED] (Sister)  
[REDACTED]  
Orillia, Ontario  
[REDACTED]  
Tel.: [REDACTED]

**HEALTH CARD #:** [REDACTED]

**PUBLIC TRUSTEE #:** [REDACTED]

**SOCIAL INSURANCE #:** [REDACTED]

**F.B.A.#:** [REDACTED]

**CONTACT PERSON AT H.R.C.:** [REDACTED]  
Huron Regional Centre - Social Worker  
Tel.: (705) 326-7361 - Ext. 2583

**DIAGNOSIS:** Developmental Handicap - severe.

**MEDICAL CAUTIONS:**

1. Resident has been vaccinated against Hepatitis B. Therefore does not require immune serum globulin if exposed to Hepatitis B material.
2. Epilepsy (infrequent seizures).
3. May choke (no bread textures).

Continued.....

1997 October 14

C.B.#: [REDACTED]

PLACEMENT SUMMARY Continued.....COMMUNITY PHYSICIAN:

Dr. [REDACTED]  
 [REDACTED]  
 Stouffville, Ontario - [REDACTED]  
 Tel.: [REDACTED]

PRESENT SOCIAL WORK INVOLVEMENT:

The following transition visits were arranged to help introduce [REDACTED] to his new home in Stouffville.

1997 April 16 - [REDACTED] and [REDACTED] from Christian Horizons visited with [REDACTED] at HRC.

1997 June 25 - [REDACTED] (Father), [REDACTED] (Sister) and [REDACTED] accompanied by [REDACTED] and [REDACTED] met with Christian Horizons' staff at [REDACTED] in Stouffville. Family toured the home and discussed with agency and facility staff issues related to Day/Residential Program funding and transition planning. Family had prior knowledge of Christian Horizons and raised no issues specific to [REDACTED] placement. Both [REDACTED] and [REDACTED] agreed that placement planning would continue.

1997 July 24 - [REDACTED] and one staff from Christian Horizons again visited with [REDACTED] (at the Beach Program).

1997 July 25 - [REDACTED] visited in Stouffville accompanied by [REDACTED] and [REDACTED]. Staff report [REDACTED] travelled well, appeared comfortable eating at a table with eight others and seemed to enjoy a brief visit to park, though he stayed to himself much of the time.

1997 August 6 - [REDACTED] to Stouffville for an overnight visit.

1997 August 27 - Placement Meeting - attended by [REDACTED] (Christian Horizons) and HRC team. One month supply of medication was requested. Discussion regarding furniture to be purchased by agency. Final placement date not confirmed due to Reasonable Efforts Challenge.

1997 September 15/16 - [REDACTED] to Stouffville for an overnight visit, staff reported [REDACTED] was again cooperative and appeared comfortable during the visit. He particularly enjoyed visiting a local petting zoo. Agency noted incontinence through the night. Facility staff again noted [REDACTED] is toileted at midnight and 5 a.m. to avoid wetting.

October 22 - Move day.

PERSONAL AND FAMILY HISTORY:Current Family Involvement:

[REDACTED] is the youngest of six children. Contact with siblings is infrequent. It is recommended that agency contact [REDACTED] or [REDACTED] for current information on family members. [REDACTED] mother died in 1993. Contact with [REDACTED] is infrequent, though he does receive a letter from HRC outlining progress, following Annual IDT. [REDACTED] resides in Orillia and has visited with [REDACTED] 2-3 times annually over the past 2 years. Family is aware of programs offered by community agencies and very much support a placement for [REDACTED] at this time.

Continued.....



C.B.#: [REDACTED]

**PLACEMENT SUMMARY** Continued.....**Developmental History:**

High incidence of mental retardation and mental illness is reported in this family. At the time of his birth most siblings had been placed in the care of the Children's Aid Society. Pregnancy was uneventful and delivery spontaneous. Birth weight was 7 lb., 3 oz.. Baby cried immediately following birth but was prone to feeding difficulties. All milestones were delayed. He walked at 3 1/2 years but never developed language skills. Toilet training had not been achieved when admitted to HRC in 1973. From an early age he was followed by a child psychiatrist for psychotic features. Although healthy, early reports suggest he was poorly nourished, withdrawn, unhappy, angry and lacked relationships with people or objects. In August 1965, he became a ward of the Toronto Children's Aid Society and was placed with Sunbeam homes in Waterloo where he remained until his admission to Orillia. On admission to this facility he was described as a withdrawn child who rejected toys and would sit in a corner for extended periods. He could ride a bicycle. He was partially toilet trained and required supervision for feeding and dressing. No behaviour problems were noted though he was known to push other smaller children.

Eventually, [REDACTED] outgrew the programs offered at Sunbeam which provided care to children only. He was admitted to Huronia Regional Centre on December 3, 1973.

**Description of Person and Programs**

[REDACTED] is a healthy, 36 year old male who currently resides in a small ward setting with 12 other men. He maintains good mobility and has no speech other than occasional vocalizations. He requires assistance with all self-care and personal hygiene tasks. At present he is not diapered and toilets himself through the day. Staff do wake him at night for toileting.

Generalized tonic-clonic seizures continue with a frequency of 8-10 annually. He is known to drop quickly and is slow to recover. Staff allow him to rest following seizures.

[REDACTED] is known to be even tempered and respond to the established ward routine. He is known to sit on his own for extended periods but does respond positively to physical touch and playful interaction from staff.

If walking with others he may firmly grasp at someone likely to maintain stability and personal security. When first being exposed to [REDACTED] grabbing, it can be uncomfortable. At present [REDACTED] is involved in low pressure activities with few opportunities to visit and explore in the community. It is felt that he will greatly benefit from a smaller program offered in the community. A slow introduction to brief household tasks and playful activities on a one-to-one basis with staff would improve his ability to socialize with others.

It is expected that infrequent family visits will be maintained with [REDACTED] maintaining primary contact.

/lf

[REDACTED]  
M.S.W.,  
Social Work Services.