Children’s Community Network
Réseau Communautaire pour enfants
Binoojiinh Naadmaagewzowin

Call: 705-566-3416 or 1-877-272-4336
Email: info@ccnsudbury.on.ca
Fax: 705-521-7376

Urgent Response Services Referral
(Ontario Autism Program)

Algoma District
Nipissing - Parry Sound - Muskoka Districts

Child / Youth Name: ______________________ D.O.B. (DD-MM-YYYY): ______________

Gender: ______________________ Preferred Language of Service: ______________

Caregiver Names (Legal Guardians): ______________________________

Address: ______________________________

Primary Phone Number: ______________ Email Address: ______________

Indigenous Status: ☐ No ☐ Yes (specify): ______________

Is youth over age 12? ☐ Yes ☐ No

Is the guardian/youth consenting to service? ☐ Yes (Attach Consent Form) ☐ No

Reason for Referral:	
Is the child/youth engaging in a behaviour that is causing harm to him/herself, to others or to property, that if not addressed, could lead to the child or youth going into crisis? ☐ Yes ☐ No	Describe:
OAP Registration Number (required):	
Is the emerging issue already being addressed by an OAP provider?	☐ Yes ☐ No
If no, why not?	

Referring Agency: ______________ Referent’s Name: ______________

Phone Number: ______________ Email Address: ______________