



## Referral Form

Date of Referral: \_\_\_\_\_

Child/Youth Name (Last): \_\_\_\_\_ (First): \_\_\_\_\_ (Preferred): \_\_\_\_\_

D.O.B. (DD-MM-YYYY): \_\_\_\_\_ Gender: \_\_\_\_\_

Primary Caregiver Name(s): \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

Preferred Language of Service: \_\_\_\_\_ Email Address: \_\_\_\_\_

Legal Guardian(s): \_\_\_\_\_ Phone Number: \_\_\_\_\_

Clinical Diagnosis (if any): \_\_\_\_\_

Clinical Diagnosis Source: \_\_\_\_\_ Diagnosis Date: \_\_\_\_\_

### Reason for Referral:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Service Requested:

#### Children's Community Network (CCN)

- Service Coordination
- Direct Funded Respite
- Fetal Alcohol Spectrum Disorder Program
- Intensive Treatment & Support Program (**Autism Diagnosis Required**)
- Urgent Response Services (**OAP Registration Required**) / OAP Number: \_\_\_\_\_
- Coordinated Service Planning (**complete the CSP Eligibility Criteria Checklist below**):

#### CSP Eligibility Criteria checklist:

<b>Characteristics of child/youth with multiple and/complex special needs</b> (Check all that apply)	<b>Characteristics of family</b> (Check all that apply)	<b>Other risk factors to consider</b> (Check all that apply)
<input type="checkbox"/> Child or youth with multiple and/or complex special needs  <input type="checkbox"/> The child/youth is waiting for, involved with, or needing involvement with at least 2 agencies	<input type="checkbox"/> The family has a high level of stress and/or difficulty coping  <input type="checkbox"/> The family's stress is due to a lack of coordination  <input type="checkbox"/> Family complexity (i.e.: caregiver needs or multiple children with needs)	<input type="checkbox"/> Risk of family breakdown  <input type="checkbox"/> Risk of school placement breakdown  <input type="checkbox"/> Barriers to service



**Intake (select the intake being requested):**

**Compass**

- Investigation of Global Developmental Delay       GDD Behavioural Support

**NEO Kids - Infant and Child Development Services**

- Infant Development       Premature Pathways

**NEO Kids - Children's Treatment Centre**

- Occupational Therapy       Physiotherapy       Speech/Language Therapy

**Wordplay/Jeux de mots (NBRHC) – Rural Only\***

*\*For individuals residing in Sudbury, please contact Wordplay directly to self-refer*

- Preschool Speech and Language Services

Parent/Client in agreement with referral?

Consents Completed

Referring Agency: \_\_\_\_\_

Referent's Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_