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

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:

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Service Requested:

Children’s Community Network (CCN)

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

CSP Eligibility Criteria checklist:

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