

CHATHAM-KENT COORDINATED SERVICE PLANNING (CSP): COMMUNITY REFERRAL FORM

Children and Youth under the age of 18 (or 21 if still in school) who have multiple and/or complex needs whose need for service coordination goes beyond the scope of inter-professional collaboration to address and who would benefit from the added support provided by Coordinated Service Planning, due to the breadth and cross-sectoral nature of their needs, across multiple areas of development. Coordinated Service Planning Policy and Program Guidelines 2017

Guidelines for completing the CSP REFERRAL FORM

1. Referring agency initiates conversation with the family/child/youth regarding referral to Coordinated Service Planning.
2. Referring agency completes the form and faxes to the Children's Treatment Centre of Chatham-Kent (CTC-CK) **FAX: 519-354-7355** for review.
3. CTC-CK notifies referring agency of decision to admit to Coordinated Service Planning caseload.
4. Referral can be re-initiated at any point in time and as circumstances change for the child/youth and family.

		Description/Guidelines
Characteristics of child/youth with multiple/complex special needs:	Child/Youth requires intensive support in one or more areas: school, home and/or community	Intensive Support: Receives one-on-one, all day at school or 24/7 support. Eligible for or accesses respite funding / SSAH supports; has accessed case resolution. An example of intensive support might be nursing 6 hours a day in order to attend school.
	Child/Youth requires multiple specialized services/agencies (eg. rehabilitation, autism, health, developmental, child protection services and/or respite support) due to the breadth of their needs	These may include but are not limited to: Childcare, School, CKCS-Mental Health, Development, CKCS-Protection Services, Community Living Wallaceburg, Community Living Chatham-Kent, KIDS Team, LHIN, PHU, Thames Valley Children's Centre-OAP, CPRI, hospitals, Pediatrican, Specialists etc.
	Child/Youth experiences challenges related to multiple areas of their development, including their physical, communication, intellectual, emotional, social and/or behavioural, development and require services from multiple sectors and professionals	
	Child/Youth has a transition plan or transition planning is expected to begin in the next year	Some examples: to childcare, school (entry, grade to grade, elementary to high school and high school to adulthood)
Characteristics of family challenges/barriers in one or more of the following areas which may impede their ability to coordinate services for their child/youth with multiple/complex needs:	Requires assistance in seeking a diagnosis for child/youth	Example: Family interested in assistance in connecting with appropriate professionals and/or services (i.e. Developmental Pediatrician, Psychologist, Geneticist etc.) to explore the possibility of a diagnosis.
	Family has more than one child that receives special needs services	Example services that other child might be accessing: Physiotherapy, Occupational Therapy, Speech-Language Pathology, mental health supports, in home nursing care, behaviour supports, resource support services in childcare or school etc.
External Factors/Environmental components which may impede the ability to coordinate services for the child/youth with multiple and/or complex needs:	Limited family, social and community supports	Barriers to accessing service: e.g., lives in under-served area, has housing/financial/transportation/child-care concerns, limited family/social and community supports.


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Referral Source			
Name of Worker/Staff/Other:		Date: (dd/mm/yyyy)	
Agency/Position:		E-mail	
Telephone:		Fax	

Preliminary Consent- To Refer			
Has the referral to Coordinated Service Planning been discussed with the family and have they agreed to the referral? <input type="checkbox"/> YES			
Child/Youth's Information			
First and Last Name:	Date of Birth (dd/mm/yyyy):		
Address (Street # and Name/Apt. #):	City:	Postal Code:	
Primary Phone Number:	Alternative Phone Number:		
Parent/Legal Guardian 1 (primary)			
Last Name:	First Name:		
<input type="checkbox"/> Same address information as above			
Address (Street # and Name/Apt. #):	City	Postal Code	
Primary Phone Number:	Alternative Phone Number:		
Email:			
Relationship to the child/youth <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian (describe):			
Child lives with <input type="checkbox"/> Both Parents <input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2 <input type="checkbox"/> Other:	Formal Custody Arrangement (where applicable) <input type="checkbox"/> Shared /joint Custody <input type="checkbox"/> Sole Custody <input type="checkbox"/> Unknown		
Parent/Legal Guardian 2			
Last Name:	First Name:		
<input type="checkbox"/> Same address information as above			
Primary Phone Number:	Alternative Phone Number:		
Email:			
Relationship to the child/youth <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian (describe):			

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Child/Youth Name:	Date of Birth (dd/mm/yyyy):	
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	(Check all that apply)	
Characteristics of child/youth with multiple/complex special needs:	Child/Youth requires intensive support in one or more areas: school, home and/or community	<input type="checkbox"/>
	Child/Youth has a formal diagnosis. Describe:	
	Child/Youth requires multiple specialized services/agencies (eg. rehabilitation, autism, health, developmental, child protection services and/or respite support) due to the breadth of their needs	<input type="checkbox"/>
	Child/Youth experiences challenges related to multiple areas of their development, including their physical, communication, intellectual, emotional, social and/or behavioural, development and require services from multiple sectors and professionals	<input type="checkbox"/>
	Child/Youth has ongoing service needs, such as severe physical and intellectual impairments requiring use of equipment and technology	<input type="checkbox"/>
	Child/Youth has a transition plan or transition planning is expected to begin in the next year	
Characteristics of family challenges/barriers in one or more of the following areas which may impede their ability to coordinate services for their child/youth with multiple/complex needs:	Requesting support to navigate the system/services	<input type="checkbox"/>
	Requires assistance in seeking a diagnosis for child/youth	<input type="checkbox"/>
	Stress, coping and adaptability	
	Health and well-being of other family members	<input type="checkbox"/>
	More than one child with special needs	<input type="checkbox"/>
	Literacy and/or language barriers	
	Other Family/Life events which may contribute to family's level of stress	<input type="checkbox"/>
External Factors/Environmental components which may impede the ability to coordinate services for the child/youth with multiple/and or complex needs:	Limited family, social and community supports	<input type="checkbox"/>
	Competing demands of caregiving and employment	<input type="checkbox"/>
	Financial instability	<input type="checkbox"/>
	Housing instability	<input type="checkbox"/>
	Transportation barriers	