

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 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, CK-PHU, Community Living Chatham-Kent, Community Living Wallaceburg, CPRI, Doctors, Home and Community Care Support Services, Hospitals, KIDS Team, Linck: Development, Mental Health and Protection Services, School, Specialists, OAP, TVCC 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, respite 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-serviced area, has housing/financial/transportation/child-care concerns, limited family/social and community supports.

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Referral Source			
Name of Referrer:		Date: (dd/mm/yyyy)	
Agency/Position:		E-mail:	
Telephone:		Fax:	
Reason for Referral:			
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			
Last Name:	First Name:	Pronouns used: (optional)	Date of Birth: (dd/mm/yyyy)
Address (Street # and Name/Apt. #):		City:	Postal Code:
Doctor:		School/Childcare:	
Parent/Legal Guardian #1			
Last Name:	Pronouns used (optional):	Pronouns used: (optional)	
Legal Guardian: <input type="checkbox"/> Y <input type="checkbox"/> N Living with the child: <input type="checkbox"/> Y <input type="checkbox"/> N	Relationship:		
Address Same as child/youth <input type="checkbox"/>	Address (Street # and Name/Apt. #):		
City:	Postal Code:	Email:	
Primary Phone Number:		Alternative Phone Number:	
Parent/Legal Guardian #2			
Last Name:	First Name:	Pronouns used: (optional)	
Legal Guardian: <input type="checkbox"/> Y <input type="checkbox"/> N Living with the child: <input type="checkbox"/> Y <input type="checkbox"/> N	Relationship:		
Address same as child/youth <input type="checkbox"/>	Address (Street # and Name/Apt. #):		
City:	Postal Code:	Email:	
Primary Phone Number:		Alternative Phone Number:	
Custody Arrangements (if applicable): <input type="checkbox"/> Joint <input type="checkbox"/> Sole <input type="checkbox"/> No Arrangement <input type="checkbox"/> Formal Agreement			
Comments/Details:			
Additional Information (Optional):			
Self-Identification: <input type="checkbox"/> Francophone <input type="checkbox"/> The Delaware Nation at Moraviantown <input type="checkbox"/> Walpole Island First Nation <input type="checkbox"/> Urban Indigenous <input type="checkbox"/> Metis <input type="checkbox"/> Inuit <input type="checkbox"/> Newcomer <input type="checkbox"/> Other			
Languages Spoken:		Primary:	Interpreter Required: <input type="checkbox"/> Y <input type="checkbox"/> N

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	<i>(Check all that apply)</i>	√
Characteristics of child/youth with multiple/complex special needs:	Child/Youth requires intensive support in one or more areas: school, home and/or community	
	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	
	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 ongoing service needs, such as severe physical and intellectual impairments requiring use of equipment and technology	
	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	
	Requires assistance in seeking a diagnosis for child/youth	
	Stress, coping and adaptability	
	Health and well-being of other family members	
	More than one child with special needs	
	Literacy and/or language barriers	
	Other Family/Life events which may contribute to family's level of stress	
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	
	Competing demands of caregiving and employment	
	Financial instability	
	Housing instability	
	Transportation barriers	