



Grey Bruce Coordinated Service Planning

Referral to Coordinated Service Planning

Please fill out the below information and attach a signed **Consent**. Please fax the referral and consent to 519-371-6397. If you have any questions about the Coordinated Service Planning program or about this form, please call **519-371-4773, ext 233**

Referring Agency Information	
Date Referral Form Completed	
Name of Agency Completing Form	
Name of Agency Staff Completing Form	

Family/Child/Youth Information		
Family	Child/Youth	
Name of Parent/Legal Guardian:	First and Last Name: Date of Birth:	
Address of Parent/Legal Guardian:	Address if different from Parent/ Guardian:	
Main contact #:	Best time to reach parent/guardian:	
Parent/Guardian E-Mail:		
Need transportation: yes no	Need Interpreter: yes no	Number and ages of siblings in same home:

There are 3 tiers of service, this referral is for;	
<input type="checkbox"/>	Option 1: Consultation- Referring Community Agency staff to act as Service Planning Coordinator to complete Coordinated Service Plan in consultation with a Keystone Service Planning Coordinator
<input type="checkbox"/>	Option 2: Facilitation- Receive support of a Keystone Service Planning Coordinator to assist in delivery of Coordinated Service Planning. Example: Organize and Chair a Collaborative Case Conference
<input type="checkbox"/>	Option 3: Service Planning Coordination- A Keystone Service Planning Coordinator is required to lead Coordinated Service Planning

Referral Questions

1. Please describe/list the child, youth and family strengths:

2. Please describe what is working well for this child/youth and family:

3. Does the child/youth have multiple and/or complex special needs?

What are Multiple and/or Complex Special Needs?: These children require multiple specialized services due to the depth and breadth of their needs (e.g., rehab services, developmental services, autism services, and/or respite supports). They may experience challenges related to multiple areas of their development (physical, communication, intellectual, emotional, social and/or behavioural) thus requiring services from multiple sectors and/or providers.

If yes, please describe the child/youth's needs/challenges:

Please list any health and medical concerns including diagnosis (if applicable):

Please include name of Family Physician, Pediatrician, Psychiatrist and/or other Specialists if involved:

4. Is the child/youth and/or family already involved with service providers?

If yes, please list current services:

Please note: If the child/youth/family is NOT already involved with needed service providers, please make these referrals at this time. Referrals to Coordinated Service Planning should be made in parallel to referrals to other services, particularly if there is a wait for Coordinated Service Planning. Being referred to Coordinated Service Planning should not prevent a family from accessing other appropriate services. Coordinated Service

Planning is not a required point of access or a gatekeeper and Service Planning Coordinators are not responsible for determining suitability for other programs.

6. Is the family limited in their ability to coordinate services for their child/youth?

Factors that might limit a family's ability to coordinate services for their child/youth could include: coping strengths and adaptability; health and well-being of other family members; literacy and/or language barriers; limited social/community supports; competing demands of caregiving and employment; financial instability.

If yes, please describe some of the factors that limit this family's ability to coordinate services for their child:

Please attach a signed CSP Consent or your Agency's Consent
Please fax the referral and consent to 519-371-6397 Attn: Coordinated Service Planning