



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** or email us at cspgreybruce@kcyfs.com

Referring Agency Information	
Date Referral Form Completed:	Staff Completing Form:
Name of Agency:	Staff Contact Info: Phone: _____ Email: _____

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:		
Needs transportation: <input type="checkbox"/> yes <input type="checkbox"/> no	Needs Interpreter: <input type="checkbox"/> yes <input type="checkbox"/> no If yes, language preferred:	Number and ages of siblings in same home:

Referral Questions

1. Does the child/youth have multiple and/or complex special needs according to the description below?

If yes, please continue to fill out the rest of the referral form. If No, CSP is not suitable for this family.

You are welcome to call CSP to discuss further.

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:

2. Please list all physical and medical concerns including diagnoses (if applicable):

Please provide name of:

Family Physician:

Pediatrician:

Child and Adolescent Psychiatrist:

Other Medical Specialists if involved:

3. Please list all developmental and/or mental health concerns including diagnoses (if applicable)

Autism

Developmental Delays:

Intellectual Disability

Neurodevelopmental Disorder such as FASD:

Mental Health/ Behaviour Concerns:

Other:

4. Which services is the child/youth and/or family involved with?

Community Living:

TVCC: OT PT SLP Augmentative Communication Seating Clinic Other:

Keystone Child, Youth and Family Services

CPRI: Name of Outpatient Clinic:

Inpatient Admission/ Waiting

School and placement:

Bruce Grey Child and Family Services

Other:

Funding supports in place or on waiting list:

SSAH ACSD OAP Out of Home Respite ASD Respite Enhanced Respite

Other:

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. YES NO

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

7. How do you think Coordinated Service Planning can best support this family?

What are the family's top priorities and/or goals at this time?

8. Please describe the child's, youth's and family's strengths:

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

**Please attach a signed copy of your Agency's Consent
Fax the referral and consent to 519-371-6397 Attn: Coordinated Service Planning**

Thank you for taking the time to fill out the Referral Form. A Service Planning Coordinator will contact you to discuss the referral and determine next steps.

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.