



Muskoka, Nipissing and Parry Sound Coordinated Service Planning

REFERRAL FORM

"Children and youth from birth to the end of school with multiple and/or complex needs and their families who require an integrated approach to multiple specialized services due to the depth and breadth of their needs, across multiple areas of their development"

Date of Referral: Day Month Year Parent's Signature: _____

☐ Verbal consent obtained from guardian

Person Completing This Referral: _____ Relationship to Child: _____

Address of referral source: _____ Telephone: _____

CLIENT INFORMATION

Client's Name (Last, First, Initial):		Date of Birth (Day, Month, Year):		Gender: M F Other	
Address:					
Postal Code:		Telephone (Home):			
Health Number and Version (Optional) :		Family Doctor:		Phone:	
Pediatrician:	Phone:	School / Daycare:		Grade:	
Language(s) Spoken by the Child:		Service Language:			

FAMILY IDENTIFICATION

Mother's Name:	Address (<input type="checkbox"/> same as above):		Telephone (Home):	(Work):
Father's Name:	Address (<input type="checkbox"/> same as above):		(Cell)	Telephone (Home):
			(Cell)	(Work):
Custody Status: <input type="checkbox"/> Both	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Other/ Special arrangements	
Legal Guardian:	Relationship to Child:	Phone:	Address:	
Preferred Method of Contact:				

Coordinated Service Planning for the Districts of Muskoka, Nipissing and Parry Sound has been made possible through the planning and collaboration of the Network Advisory Council, a partnership between children and youth organizations from the Ministry of Children and Youth Services, The Ministry of Education, The Ministry of Health and The Ministry of Community and Social Services. For more information and a full list of local community partners visit our website at www.onekidsplace.ca.

Final April 2017

400 McKeown Ave, ON P1B 0B2
T/Tél: 705.476.4105 (S437) - F/Téléc: 705.474.0127
1-866-626-9100

100 Frank Miller Drive, Unit 2, Box 7, Huntsville, ON P1H 1H7
T/Tél: 705.789.9995 - F/Téléc: 705.789.1115 - 1.866.232.5559

E/Courriel info@onekidsplace.ca

70 Joseph Street, Unit 304, Parry Sound, ON P2A 2G5
T/Tél: 705.746.6287 - F/Téléc: 705.746.5324

www.onekidsplace.ca

Characteristics of child/youth with multiple and/or complex special needs: <i>(Check all that apply)</i>	Characteristics of family - challenges in one or more of the following areas which may impede the ability to coordinate services for the child/youth with multiple and/or complex special needs: <i>(Check all that apply)</i>	External factors/Environmental components which may impede the ability to coordinate services for the child/youth with multiple and/or complex special needs: <i>(Check all that apply)</i>
<ul style="list-style-type: none"> ○ Child or youth with multiple and/or complex special needs ○ Child/Youth requires multiple specialized services (e.g. rehabilitation services, autism services, developmental services, and/or respite supports) due to the depth and breadth of their needs. ○ Child/Youth experiences challenges related to multiple areas of their development, including their physical, communication, intellectual, emotional, social, and/or behavioral development and require services from multiple sectors and/or professionals. ○ Child/Youth has ongoing service needs, such as severe physical and intellectual impairments requiring the use of technology. 	<ul style="list-style-type: none"> ○ Coping, strengths and adaptability; ○ Health and well-being of other family members; ○ Literacy and/or language barriers; and/or ○ Other family/life events which may contribute to the family's level of distress. 	<ul style="list-style-type: none"> ○ Limited social/community supports; ○ Competing demands of caregiving and employment; and/or ○ Financial & housing instability.

Please provide additional details regarding the areas child/youth and family needs above:

Health and Medical Concerns	
Child/Youth and Family Strengths:	
Please describe what you and the family hope will be achieved through Coordinated Service Planning:	
Allergies:	
Primary diagnosis	When Diagnosed <i>(if applicable)</i>
Other Diagnosis	When Diagnosed <i>(if applicable)</i>

The individual is currently receiving the following services:

Service	Service Provider	Start Date

The individual is currently on a waitlist for the following services:

Service	Service Provider	Waitlist Date

The following services have been explored and/or exhausted:

Service	Service Provider	Start Date	End Date

Statement Regarding Information Sharing:

In order to facilitate the referral to Coordinated Service Planning and reduce the need for families to repeat their stories it is requested that the referral source forward any relevant documentation to support this referral.

Please send completed referral form to One Kids Place:

400 McKeown Ave
North Bay, ON
P1B 0B2
1-866-626-9100
(705) 476-5437
Fax: (705) 474-0127

100 Frank Miller Drive
Unit 2, Box 7
Huntsville, ON P1H 1H7
1-866-232-5559
(705) 789-9985
Fax: (705) 789-1115

70 Joseph Street
Unit 304 Parry Sound Mall
Parry Sound, ON P2A 2G5
1(855)746-6287
(705) 746-6287
Fax: (705) 746-5324

OKP OFFICE USE ONLY:

Services to be provided:

Family Liaison Identified: Y N Name _____

Intake information requested date: _____ Received? Y N

"The personal information being collected on this form is collected under the authority of the Health Protection and Promotion Act, the Municipal Freedom of Information and Protection of Privacy Act & Personal Information Protection & Electronic Documents Act. This information shall be used to ensure necessary health care measures are attained. Questions covering the collection of this information may be directed to One Kids Place, 400 McKeown Ave., North Bay, Ontario, P1B 0B2 Phone (705) 476-5437."

Revised Jan. /17

Ce formulaire est disponible en français



CONSENT TO EXCHANGE INFORMATION

For Muskoka, Nipissing and Parry Sound Coordinated Service Planning

I, _____, hereby give consent to One Kids Place Children's Treatment Centre, HandsTheFamilyHelpNetwork.ca and
 Name of Client/Parent/Guardian Simcoe Muskoka Family Connexions Infant and Child Development Services of Nipissing
 to release to/or request from the above indicated agencies/professionals information
 pertaining to:

 Name of Client/Parent/Guardian / D.O.B.

for the purpose of: **Coordinated Service Planning. The information collected in this referral form** will be reviewed for intake, triage and assignment.

In the process of gathering information to determine eligibility for this referral, all agencies listed above must meet the requirements of provincial legislation relating to the privacy of your information. In signing this consent you agree that collecting, storing and disclosing your child's health information is consistent with the Personal Health Information and Privacy Act of Ontario (2004) (PHIPPA) and the Agency's privacy statement, except where required by law.

This consent shall remain in effect from this date until the purpose for which the information was disclosed/obtained has been achieved but no longer than one year from the date of my consent. It is understood that I can revoke this agreement at any time either verbally or in writing.

 Signature – Client 12 years of age or older

 Signature – Parent/Guardian(s)

 Signature of Witness

DATED THE _____ OF _____, 20____
 DAY MONTH YEAR

EXPIRY DATE: (maximum of one year) _____ OF _____, 20____
 DAY MONTH YEAR

Name of referral source: _____

Position: _____

Signature: _____

Date: _____

Please forward completed Consent to Exchange Information Form to:

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