



SARNIA-LAMBTON 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. **Children or Youth must be involved with 2 or more service providers to be eligible for CSP Support**
2. Referring agency initiates conversation with the family/child/youth regarding referral to Coordinated Service Planning.
3. Referring agency reviews CSP Criteria and completes the form and faxes to Pathways Health Centre for Children **FAX: 519-542-4115** for review.
4. Pathways notifies referring agency of decision to admit to Coordinated Service Planning caseload.
5. 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 (i.e. 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, Mental Health, Development, Sarnia-Lambton Children’s Aid Society, Community Living, Home & Community Care Support Services, TVCC-OAP, St Clair Child and Youth, CPRI, hospitals, Pediatrician, 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 Referrer:		Date:	
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:	Date of Birth:	
Address (Street # and Name/Apt. #):		City:	Postal Code:
Doctor:		School/Child Care:	
(Voluntary) Pronouns used:			
Parent/Legal Guardian #1			
Last Name:		First Name:	
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:	
(Voluntary) Pronouns used:			
Parent/Legal Guardian #2			
Last Name:		First Name:	
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:	
(Voluntary) Pronouns used:		(Voluntary) Pronouns used:	
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 (Voluntary):			
Self-Identification: <input type="checkbox"/> Francophone <input type="checkbox"/> Aamjiwnaang First Nation <input type="checkbox"/> Kettle & Stony Point First Nation <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:			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	<input type="checkbox"/>
	Child/Youth has a formal diagnosis. Describe:	<input type="checkbox"/>
	Child/Youth requires multiple specialized services/agencies (i.e. 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	<input type="checkbox"/>
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	<input type="checkbox"/>
	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	<input type="checkbox"/>
	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	<input type="checkbox"/>