



SARNIA-LAMBTON COORDINATED SERVICE PLANNING REFERRAL FORM

PLEASE NOTE: The following information MUST be true for the referred child/youth to be eligible for Coordinated Service Planning.

- Child/Youth resides in Sarnia-Lambton Region
- Child/Youth is between the ages of 0 – 18 or 21 years old and younger, still enrolled in school
- Child/Youth is currently accessing 2 or more services (with different agencies *note: school is not an eligible service)
- The family has provided consent to submit this referral form and all associated information on their behalf, and is willing to communicate and share information and reports

Child or Youth Information

Child's Legal First/Last Name	Date of Referral (mm/dd/yyyy)	Date of Birth (mm/dd/yyyy)	Gender Identity
Address	City	Postal Code	

Parent/Legal Guardian First/Last Name Relationship Contact Number Alternate Number

Email Address			<input type="checkbox"/> Consent to contact you by Email <input type="checkbox"/> Consent to contact you by Text
Best Day/Time to Contact		Preferred Method of Contact <input type="checkbox"/> Telephone <input type="checkbox"/> Email <input type="checkbox"/> Text	
Child or Youth lives with: <input type="checkbox"/> Both Parents (include both parent names above) OR <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other			
Languages spoken in the home: Interpreter Required: <input type="checkbox"/> Yes or <input type="checkbox"/> No Preferred Language:			
Do you identify as First Nation, Metis or Inuit? <input type="checkbox"/> Yes or <input type="checkbox"/> No If yes, specify which Nation/Band below:			

Referral Source

Service/ Agency Name	Contact Name	Contact Information

School

School Name & Board	Grade	Main Contact Name	Contact Information

Child/Youth Full Name:		Date of Birth (mm/dd/yyyy)		CSP File#	
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Characteristics of child/youth with multiple and/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>
<input type="checkbox"/> Child or youth with multiple and/or complex special needs. <input type="checkbox"/> Child or youth requires multiple specialized services (i.e. rehabilitation services, autism services, fetal alcohol spectrum disorder, health services, developmental services and/or respite support) due to the depth and 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/or professionals <input type="checkbox"/> Child/Youth has ongoing service needs, such as severe physical and intellectual impairments requiring the use of technology	<input type="checkbox"/> Coping, strengths and adaptability <input type="checkbox"/> Health and well-being of other family members <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"/> Limited social/community supports <input type="checkbox"/> Competing demands of caregiving and employment <input type="checkbox"/> Financial and housing instability

Please provide additional details i.e. What are the worries for the child, youth and/or family?:

Health and Medical Concerns including Diagnosis or Suspected Diagnosis (if applicable), date and by whom:

Child/Youth Full Name:		Date of Birth (mm/dd/yyyy)		CSP File#	
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The child, youth and/or family is currently receiving or on the waitlist for the following services/supports:

Service/Agency/Doctors	Currently Accessing	On Waitlist
St Clair Child and Youth	<input type="checkbox"/>	<input type="checkbox"/>
Sarnia-Lambton Children's Aid Society	<input type="checkbox"/>	<input type="checkbox"/>
Rebound	<input type="checkbox"/>	<input type="checkbox"/>
Community Living	<input type="checkbox"/>	<input type="checkbox"/>
Bluewater Respite	<input type="checkbox"/>	<input type="checkbox"/>
STARRting Point-Family Counselling	<input type="checkbox"/>	<input type="checkbox"/>
Psychiatrist	<input type="checkbox"/>	<input type="checkbox"/>
Pathways Health Centre for Children	<input type="checkbox"/>	<input type="checkbox"/>
TVCC	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

Referral Date:		<input type="checkbox"/> Consent Attached
Referent Name & Role:		
Referring Agency		

Please confirm that Parent/Guardian has consented to this service. Yes

Please note: Coordinated Service Planning follows a three-tiered service delivery model. During the intake process, clients and their families needs are assessed and, if eligible for service, will be assigned to the appropriate service tier based on their identified needs.

Please send completed referral form to Pathways Health Centre for Children:
 1240 Murphy Road, Sarnia, Ontario N7S 2Y6
 Phone 519-542-3471, Fax 519-542-4115