



# COORDINATED SERVICE PLANNING

Please send complete referral to Contact Hamilton 905-522-5998

All portions of the referral must be completed.

Has consent been given by client and family for referral? : Yes or No

**Client/Family Information:**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Child/Youth Primary Contact: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to client: \_\_\_\_\_

School: \_\_\_\_\_

Indigenous Heritage: Yes No Indigenous Status: Yes No

Cultural considerations: \_\_\_\_\_

Language Spoken: \_\_\_\_\_ Interpreter needed? Yes No

**Referring Agency Information:**

Contact Name: \_\_\_\_\_ Position/Program: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

**Child and Family Strengths:**

\_\_\_\_\_  
\_\_\_\_\_

**What does the family need from a coordinated service planner?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Specialized Services Involved and Contact Information (if available):**

- Rehab services (physiotherapy, Occupational therapy speech therapy)
- Medical (List) \_\_\_\_\_
- Autism services (List) \_\_\_\_\_
- Mental Health (List) \_\_\_\_\_
- Developmental services (List) \_\_\_\_\_
- Respite supports (List) \_\_\_\_\_
- Justice (List) \_\_\_\_\_
- Funding (List) \_\_\_\_\_

**Developmental Concerns:**

- Physical                       Behavioural                       Autism                       Intellectual
- Medical                       Mental Health                       FASD

**Diagnoses:**

\_\_\_\_\_

\_\_\_\_\_

**Family Concerns:**

- Multiple children at home with disabilities \_\_\_\_\_
- Other family members living at home having health concerns \_\_\_\_\_
- Literacy and/or language barriers \_\_\_\_\_
- Family/life events contribute to level of distress \_\_\_\_\_
- Limited social/community supports \_\_\_\_\_
- Competing demands: caregiving/employment \_\_\_\_\_
- Financial instability \_\_\_\_\_
- Family/ Placement Breakdown \_\_\_\_\_

**A Coordinated Service Planner will be in contact with the referral agent to gather further information and determine eligibility.**