

**Referral to Contact Hamilton: Children and Youth Services
for children and youth presenting with developmental, FASD and/or
complex needs**

I have consent of the parent/guardian and/or youth (mandatory over 16 years of age) to make this referral.

Date of Referral: _____ Name of Referent: _____

Phone Number: _____ Email: _____

Name of Agency & Position: _____

Name of Child/Youth: _____

Date of Birth (yyyy/mm/dd): _____ Age: _____

Name of Primary Contact & Relationship: _____

Phone Number: _____ Email: _____

Address: _____

Preferred Contact Method: Phone Email Interpreter Needed? Yes No

Language Preference: French English If Other, Please Specify: _____

Cultural and/or Diversity Considerations: _____

Service Requested from Contact Hamilton: Access CSP FASD Do Not Know

Presenting Concerns/Reason for Referral:

Services Currently Involved (where known):

Behavioural/Emotional/Health Risk Factors – Check all that apply:

- Aggression (significant)
- Behaviour (i.e. SIB's, elopement)
- Complex co-morbid health concerns (i.e. seizures, medical disorders)
- Mental health concerns

Intellectual/Cognitive Function (diagnosis or query) – Check all that apply:

- FASD
- Intellectual/Developmental Disability
- Dual Diagnosis (mental health and developmental disability)
- ASD

Risk of Harm to the Person and/or Others – Check the most appropriate:

- There is **ongoing risk** of the person severely harming themselves/others. Risk presents daily or several times weekly.
- There is **regular risk** of the person severely harming themselves/others. Risk presents weekly or bi-weekly.
- There is **occasional risk** of the person harming themselves/others. Risk presents monthly.
- There is **infrequent risk** of the person harming themselves/others. Risk presents bi-monthly or less.
- There is **no risk** of the person harming themselves/others.

Individual/Caregiving Coping, as per caregiver – Check the most appropriate:

- The individual/caregiver has indicated that they are in **crisis need** - unable to physically and/or emotionally cope any longer without additional supports.
- The individual/caregiver is expressing **significant concerns** (i.e. situation is nearing crisis) regarding their continued ability to physically and/or emotionally cope.
- The individual is expressing **some concern** regarding their continued ability to cope.
- The individual/caregiver has **no expressed concerns** regarding their ability to cope/manage at this time.

Availability of Supports – Check the most appropriate:

- The individual/family has no supports.
- The individual/family has some supports and needs more.
- The individual/family has some supports AND wants a change in supports.
- The individual/family is waiting for services/supports/funding.

Please fax or email completed referral form to Contact Hamilton.