



Coordinated Service Planning Referral Form

Confidential

The personal data collected on the on-line Coordinated Service Planning (CSP) Referral Form is used to verify our current client records and to determine eligibility for admission. Please review the information on the Coordinated Service Planning website to understand what the Coordinated Service Planning service can offer a family.

If you are interested in accessing Coordinated Service Planning for yourself, your family or your client/patient/student, please take a few minutes to answer the following questions.

Once the form is received, the Access Team will follow up to finish the referral process. A needs assessment will be completed to help identify the best way to meet the child or youth's needs and determine eligibility for Coordinated Service Planning. This form will be part of the child or youth's medical record, and is confidential.

Referral Source Information. This form may be completed by family or service provider.	
Today's Date (dd/mm/yyyy):	
Who is filling in this form? (Please check one box): <input type="checkbox"/> Parent/Caregiver/Legal Guardian <input type="checkbox"/> Self/Youth <input type="checkbox"/> School Team <input type="checkbox"/> Professional/Community Agency <input type="checkbox"/> Physician <input type="checkbox"/> Other	
Name (referral source):	
Contact Phone #:	Alternate Phone #:
Consent	
I have consent from the legal guardian to submit this form: <input type="checkbox"/> Yes <input type="checkbox"/> No	
The legal guardian gives consent for the Coordinated Service Planning program: <input type="checkbox"/> Yes <input type="checkbox"/> No	
To ensure the family receives the right services and to reduce service duplication, the CHEO Access Team requests to communicate with the Developmental Services Agencies currently involved with the child/youth being referred. If the child/youth is followed by Service Coordination, Valoris or	

Please fax completed form to 613.738.4841 or by mail to:
The CHEO Development & Rehabilitation Access Team,
 395 Smyth Rd, Ottawa, ON K1H 8L1

SD&G Developmental Services, please indicate which of the three: _____.	
Does the legal guardian gives consent for CHEO Access Team to communicate with the Developmental Service Agency indicated above? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason CSP is being requested:	
Family lives in: <input type="checkbox"/> Ottawa <input type="checkbox"/> Prescott-Russell <input type="checkbox"/> Stormont, Dundas & Glengarry	
Child/Youth Information	
Last Name:	First Name:
Date of Birth (dd/mm/yyyy):	
Address:	
City:	Postal Code:
Primary Parent/Guardian Name:	
Relationship:	
Preferred Phone #: <input type="checkbox"/> Home#:	<input type="checkbox"/> Cell #:
<input type="checkbox"/> Work #:	
Additional Information (Voluntary)	
Self-Identification: <input type="checkbox"/> Francophone <input type="checkbox"/> First Nations <input type="checkbox"/> Metis <input type="checkbox"/> Inuit <input type="checkbox"/> Newcomer	
Language(s) Spoken:	Interpreter Required: <input type="checkbox"/> Y <input type="checkbox"/> N
Please check all care providers and services involved with the family:	
Services	Previous (P), Active (A) or Waitlist (W)
<input type="checkbox"/> CHEO	
Specify programs:	
Specify programs:	

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<input type="checkbox"/> Rotary Home	
<input type="checkbox"/> School Name of school:	
<input type="checkbox"/> Childcare Program Name of program:	
<input type="checkbox"/> Service Coordination	
<input type="checkbox"/> Local Health Integrated Network (LHIN)	
<input type="checkbox"/> Children's Inclusion Support Services (CISS)	
<input type="checkbox"/> Roger Neilson House	
<input type="checkbox"/> Children's Aid Society	
<input type="checkbox"/> United Counties of Prescott-Russell	
<input type="checkbox"/> Valoris Service for Children and Adults of Prescott-Russell	
Specify programs:	
<input type="checkbox"/> SD&G Developmental Services	
<input type="checkbox"/> Inuit programs	
<input type="checkbox"/> Indigenous program	
<input type="checkbox"/> Akwesasne	
<input type="checkbox"/> Other	
<input type="checkbox"/> Other	
Please share any other information you think is important for us to know.	
<p>If you have any questions or require help completing this form, please contact the CHEO Development & Rehabilitation Access Team at 613.737.0871 ext. 4425. 1-800-565-4839 ext. 4425</p>	