COORDINATED SERVICE PLANNING REFERRAL PACKAGE

The purpose of this referral package is to help families and youth who are experiencing complex needs. Once the package is completed, families will have access to a Coordinated Service Planner. This is someone who will work together with the family to develop a plan that assists them in coordinating services to work towards their goals. Where possible, the information being gathered in this package will help families avoid having to repeat their stories multiple times.

Beyond the basic demographic information, the referral package includes the following sections:

1. Screening Tool: If the family meets the requirements as outlined in the suitability checklist, Part 2 (referral form) can be completed. If the client does not meet the suitability criteria for CSP, please continue with referrals to other community partners to meet the family's needs.
2. Referral Form: Please be sure to include which 'tier' of service is needed.
3. Signed Consent: Given Coordinated Service Planning is a voluntary program, the family's consent must be provided in order for the referral to be processed.

<table>
<tr><th colspan="3">Demographic Information</th></tr>
<tr><td>Child/Youth's Legal Name:</td><td colspan="2">Child/Youth's Preferred Name and Pronouns:</td></tr>
<tr><td>Sex Marker on Legal Identity Documents:
☐ Male ☐ Female ☐ X</td><td>DOB:</td><td>Gender:</td></tr>
<tr><td colspan="3">Address:</td></tr>
<tr><td colspan="3">Name, pronoun, and relationship of parent(s)/guardian(s):</td></tr>
<tr><td colspan="2">Phone number and best time to reach them:</td><td>Parent/Guardian email address (optional):</td></tr>
<tr><td colspan="3">Address and phone number (if different than child's):</td></tr>
<tr><td colspan="3">Custody agreement:</td></tr>
<tr><td colspan="3">Names, pronouns, and ages of siblings in the same home:</td></tr>
<tr><td colspan="2">Language(s) spoken:</td><td>Identifies as Indigenous?
☐ Yes ☐ No
Comments:</td></tr>
</table>

Interpreter required? ☐ Yes ☐ No Comments:		Transportation required? ☐ Yes ☐ No
Any safety concerns:	Any other accommodation requirements:	

Step 1: Screening Tool

The Screening Tool is to be filled out by a service provider to assess whether the family/child situation is appropriate for Coordinated Service Planning. If the child/youth/family fits the criteria, please fill out the ***Referral Form*** *and attach a signed* ***Consent*** *(both are attached below). Please submit the forms electronically to Hotel-Dieu Grace Healthcare, attention: Lead Coordinated Service Planner, or fax to 519-257-5212. If you have any questions about the Coordinated Service Planning program or about these forms, please call 519-257-5215 and ask to speak with the Lead Coordinated Service Planner.*

Date Screening Tool Completed	Click or tap to enter a date.
Name of Agency Completing the Tool	
Agency Staff Completing the Tool	

Please answer the following questions regarding the identified child/youth to determine suitability:	
1. Child/youth is age 0-18 years OR age 18-21 and still in school?	Yes _________ No __________
2. Does the child/youth have multiple and/or complex special needs?	Yes _________ No ___________ Query of or a diagnosis related to special needs ☐ Physical ☐ Communication ☐ Emotional and/or Behavioural ☐ Social ☐ Medical (medically fragile) ☐ Intellectual ☐
3. Is the child/youth currently receiving more than one service/support, or anticipated to start?	Yes __________ No ___________
4. Is the family experiencing barriers to coordinating services for their child/youth?	Yes __________ No ___________ Coping strengths and adaptability ____ Health and well-being of other family members____ Literacy and/or language barriers ____ Limited social/community supports ____ Competing demands: caregiving/employment ____ Financial instability ____
5. Is the child/youth and/or family already involved with service providers?	Yes*____________ No ___________

	If the child/youth/family is not already involved with needed service providers, please make these referrals at this time.
6. Is the family suitable for Coordinated Service Planning?	Yes ___________ No ___________

*if already involved with service providers, please indicate below:		
Provider	Receiving	Waiting for/in need of
Rehab services (OT, PT, SLP)	☐	☐
Autism Services / Developmental Services	☐	☐
Early Childhood Development Support	☐	☐
Respite Supports	☐	☐
Children’s Aid Society	☐	☐
Special Education Supports	☐	☐
Clinical/Mental Health Supports	☐	☐
LHIN Nursing Supports	☐	☐
LGBTQIA2S+ Identity Supports	☐	☐
Other:	☐	☐

To be suitable for the program, you must answer YES to the ***<u>first four</u>*** *questions. The Screening Tool can be revisited at any time and as circumstances change. If you have any questions regarding the Screening Tool, please contact a member of our Coordinated Service Planning Department.*

If you answered YES to the first four questions, please proceed to the referral form on the next page

Step 2: Referral to Coordinated Service Planning

There are 3 tiers of service. Please select which tier this referral is for:	
Option 1: Consultation – Referring Community Agency staff to act as Coordinated Service Planner and to complete Coordinated Service Plan in consultation with an HDGH Coordinated Service Planner	
Option 2: Partnership – The coordination and facilitation of the Coordinated Service Planning program will be provided using a collaborative process between the referring agency and a representative from the HDGH CSP team.	
Option 3: Service Planning Coordination – An HDGH Coordinated Service Planner is required to lead Coordinated Service Planning	

Health and Medical Concerns including Diagnosis (if applicable):
Child, Youth, and Family Strengths (please list at least 2-3):
What is working well?
What do you hope to see changed as a result of Coordinated Service Planning involvement? (ex. Improved communication across service providers, increased parent confidence in navigating their child/youth's care, completion of a coordinated service plan, etc).

List Current Services this child/youth/family is receiving and what support they provide, as well as a contact person for each service:

Step 3: Consent for Coordinated Service Planning

Please attach a signed consent from your agency (given current COVID restrictions, telephone/verbal consent is acceptable)

Referrals to Coordinated Service Planning should be made in parallel to referrals to other services, particularly if there is a wait for Coordinated Service Planning. Being referred to Coordinated Service Planning should not prevent a family from accessing other appropriate services.

Coordinated Service Planning is not a required point of access or a gatekeeper and Service Planning Coordinators are not responsible for determining eligibility for other programs.

Once the referral is received, a member of our Coordinated Service Planning team will be in touch with the referral source, as well as the family, to discuss next steps.