

## Ottawa Children's Coordinated Access and Referral to Services Submitting professional / Presenter Checklist

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**When making an application to Ottawa Children's Coordinated Access and Referral to Services the submitting professional / presenter is responsible for the following;**

Review the application form to ensure that all the necessary documentation is completed. The cover page of the application form outlines what documentation is required and what documentation would be helpful. **The submitting professional is responsible for filling out the application form (not the parents/guardian).**

Ensure that the parent/guardian has received the parent-guardian guide, which outlines their rights and responsibilities.

Explain the presentation process to the parent/guardian and encourage them to attend. In order to enhance the parent/guardian's comfort level, please clearly explain to them the presentation process, the setting, those who will be in attendance, how long the presentation will last and the recommendation process.

Ensure that the parent(s)/guardian(s)/youth have signed all necessary consent forms including their signature at the end of the application form (Note: in a shared care agreement both guardians must complete and sign the consent forms). **You must ensure that consent is fully informed.**

Prepare a fifteen minute presentation that summarizes the service and family history, presenting problems and the services requested from the committee.

Be prepared to answer questions. In order to better understand the needs of the child and family, committee members might need to ask the presenter(s) and/or parent/guardian questions.

Inform the parent/guardian of the committee's recommendations and assist in their implementation. The recommendation will be sent to the submitting individual within 5 business days after the presentation.

Be in attendance for the presentation. The parent(s)/guardian must be made aware that the submitting professional's failure to be in attendance will result in a cancelled presentation.

## Ottawa Children's Coordinated Access and Referral to Services (OCCARS) Client - Parent/Guardian Information Guide

### **Ottawa Children's Coordinated Access and Referral to Services Committees:**

Ottawa Children's Coordinated Access and Referral to Services (OCCARS) is a case resolution mechanism designed to provide recommendations and referrals for families, children and youth who have complex needs and are experiencing difficulties gaining access to support and services in the community. The mechanism is also the single point of access for all intensive services, day treatment classrooms, flex funds and residential placements in Ottawa. The role of OCCARS is to offer assistance in the form of recommendations and/or referrals (not direct services) in an attempt to resolve difficult situations. Case resolution and referrals are offered through the OCCARS committees comprised of various professionals whose agencies provide services in the Ottawa region. OCCARS has Francophone and Anglophone committees to provide assistance to clients in their language of choice.

### **Ottawa Children's Coordinated Access and Referral to Services Principles:**

The OCCARS uses the *System of Care* principles which include the following:

- Children and youth should have access to a comprehensive array of services that address their physical, emotional, social, and educational needs.
- Children and youth should receive individualized services in accordance with the unique needs and potentials of each child and guided by an individualized service plan.
- Children and youth should receive services within the least restrictive, most normative environment that is clinically appropriate.
- The families and surrogate families of children and youth should be full participants in all aspects of the planning and delivery of services.
- Children and youth should receive services that are integrated, with linkages between child-serving agencies and programs and mechanisms for planning, developing and coordinating services.
- Children and youth should be provided with case management or similar mechanisms to ensure that multiple services are delivered in a coordinated and therapeutic manner and that they can move through the system of services in accordance with their changing needs.
- Early identification and intervention for children and youth should be promoted by the system of care in order to enhance the likelihood of positive outcomes.
- The rights of children and youth should be protected and effective advocacy efforts for children and youth should be promoted.
- Children and youth should receive services without regard to race, religion, national origin, gender, physical disability, language or sexual orientation, and services should be sensitive and responsive to cultural differences and special needs.

The values guiding the OCCARS are the *System of Care* values which include the following:

- The system of care should be child centered and family focused, with the needs of the child and family dictating the types and mix of services provided.
- The system of care should be community based, with the locus of services as well as management and decision-making responsibility resting at the community level.
- The system of care should be culturally and linguistically competent, with agencies, programs, and services that are responsive to the culture, racial and ethnic differences of the populations they serve.

### **Who refers people to Coordinated Access and Referral to Services?**

Professionals from community agencies, schools, mental health services or developmental service agencies make referrals to OCCARS. Their role is to assist families with the preparation needed to put together a presentation before a Coordinated Access and Referral to Services committee. It is the professional's responsibility to gather all the documentation needed and to help families fill out the OCCARS application form. The individual submitting the application will also prepare the presentation to the committee. However, it is strongly recommended that parents/guardians be actively involved in the application process and participate in the presentation. The submitting individual is also responsible to forward the recommendations of the committee to the family and assist with their implementation.

### **Who is eligible to be presented to the OCCARS committee?**

Ottawa Children's Coordinated Access and Referral to Services is designed to assist children and families who have complex needs. These children and/or families must be able to demonstrate that they have attempted to use various community services, but have been unsuccessful in their attempts to resolve their current difficulties. In other words, OCCARS is designed to assist only those people whose needs have not been met by existing community services.

### **How does Ottawa Children's Coordinated Access and Referral to Services work?**

OCCARS committee meetings take place on a predetermined schedule developed every year and rotate between Francophone and Anglophone meetings. These meetings occur throughout the year, however, not during the month of July and August for Day Treatment and August for Mental Health and Developmental Sector.

Once the submitting professional(s) and the family have gathered all the necessary documentation, the application is forwarded to OCCARS or the Student Services departments of each school Board (day treatment only). When it has been determined that a file is complete, the submitting individual will be contacted to arrange a presentation date and time. Parents are strongly encouraged to participate in the presentation in order to share their concerns and needs.

### **Ottawa Children's Coordinated Access and Referral to Services presentations:**

Presentations last approximately 15 minutes and provide the committee with a brief service and family history, the primary presenting problems and the services requested. Committee members will have a few minutes to ask the presenters questions should it be needed to help them make the most appropriate recommendations and or referrals. After the presentation, the committee will deliberate and develop recommendations and/or referrals in an attempt to resolve the situation. Within approximately five working days, the committee's recommendations will be forwarded to the submitting professional who must then forward the recommendation to the family and assist them with their implementation. When different service providers are involved with the family, a joint presentation is strongly recommended. The presenting worker must be in attendance for the presentation. The submitting individual's failure to be in attendance will result in a cancelled presentation

### **Who participates on the OCCARS Committees?**

The OCCARS committees are made up of many children and youth service providers. These agencies are:

- Association pour l'intégration sociale d'Ottawa
- Centre Psychosocial
- Champlain Community Care Access Centre
- Children's Aid Society of Ottawa
- Children's Hospital of Eastern Ontario
- Christian Horizons
- Conseil des écoles catholiques du Centre-Est
- Conseil des écoles publiques de l'Est de l'Ontario
- Crossroads Children Centre
- Dave Smith Youth Treatment Centre
- Maison Fraternité
- Ministry of Children and Youth Services
- Ministry of Community and Social Services
- Ministry of Community Safety and Correctional Services
- Ottawa-Carleton Association for Persons with Developmental Disabilities
- Ottawa Catholic School Board
- Ottawa Carleton District School Board
- Ottawa Children's Treatment Centre
- Ottawa Inuit Centre
- Ottawa Rotary Home
- Rideauwood Addiction and Family Services
- Roberts Smart Centre
- Roger's House
- Royal Ottawa Mental Health Centre
- Service Coordination des services
- Wabano Centre for Aboriginal Health
- Youth Services Bureau
- Youturn

### **As a Client - Parent/Guardian you have the right to:**

1. Expect that the committee will keep the information gathered and presented confidential. You should know that if the committee recommends a referral to an agency that is a member of the OCCARS Committee and/or provides services for the committee, they would be provided with a copy of the documentation gathered for the presentation unless you have specifically indicated that you object to this practice.
2. Be present during discussions related to you and your family.
3. Appeal the refusal of services by the committee.
4. Refuse any or all of the services recommended.
5. To see your file and decide who else may see it (we are required to keep the client file for ten years after the last contact with OCCARS).
6. To receive assistance from OCCARS in French or in English.
7. To be fully informed about how your personal information will be used, shared and stored (see consent forms). If you have any questions or concerns regarding your personal information, please contact:

#### **Developmental Sector/MCSN**

**Cathy Lonergan**  
2675 Queensview Drive  
Ottawa, Ontario  
K2B 8K2  
613-729-0577 ext 1254

#### **Day Treatment/Mental Health**

**Caroline Vinette-Arseneau**  
2675 Queensview Drive  
Ottawa, Ontario  
K2B 8K2  
613-729-0577 ext 1212

If you have any objection to our privacy practices, you may make this objection in writing to Mrs. Lonergan or Mrs. Vinette-Arseneau and we will ensure that it is investigated promptly and that you are provided with a formal written decision with reasons.

### **What you can expect from the committee:**

The OCCARS committee is committed to:

- Assisting children and their families by making recommendations and or referrals in an attempt to resolve complex situations that have not been helped through existing services.
- To recommend the least intrusive measure possible. As a result, a unique access to the Child and Family Intervention (CFI) Mental Health bed offered through the Roberts/Smart Centre is considered the last resort.
- Providing feedback to parents/guardians and presenters.
- Forward referrals to the appropriate agency.
- Maintain the confidentiality of all cases presented to OCCARS.

**Limits to confidentiality:**

There are three circumstances that would require the Ottawa Children's Coordinated Access and Referral to Services Committee to report information without your consent.

1. If we were told that someone is planning to seriously harm someone.
2. Under the law, if we were to believe that a child under the age of 16 is at risk of harm we must report this to the Children's Aid Society.
3. If there is a court case and the judge demands it, we must release the file to the judge who will decide if any of the information is relevant to the trial.

**Appeal Process:**

The desired outcome of a referral to Coordinated Access is to offer recommendations to resolve unmet needs of children. It is important to note that the implementation of Coordinated Access recommendations remain at the discretion of the client (where appropriate), parent or service provider. An appeal may only be initiated as a result of being denied services. As such, a parent or service provider may not appeal based on their "preference" of service or request. Appeals must be made to the Manager of Coordinated Access in writing within 5 days of the recommendation date and must include any additional information supporting the request for an appeal. If the manager determines that new or additional information warrants a review, the manager will reconvene the committee to review the recommendations and new information provided by the family or service provider. However, upon review, the clinical decision of the committee will be final. If the family/service provider remains unsatisfied following the review, they must notify the Manager of Coordinated Access in writing within 5 days of the final decision to request a Steering Committee review. The Manager will then convene the Steering Committee within 14 days to review the committee's process in reaching their decision. It should be noted that the Steering Committee will not review or overturn the case resolution committee's clinical recommendations. The Steering Committee's review will solely focus on ensuring the process (as outlined in the parent guide and Coordinated Access' values and principles) were adhered to. If the Steering Committee determines the case resolution process was adhered to, the committee's recommendations will be supported. However, should the Steering Committee deem that the process was not followed, they will reconvene the case resolution committee to proceed with a new presentation. The manager of Coordinated Access can be reached by mail at: 2675 Queensview Dr. Ottawa, ON K2B 8K2 Attention to the Manager of Coordinated Access or by email at [info@coordinatedaccess.ca](mailto:info@coordinatedaccess.ca)

## Application Form Coordinated Referral, Day Treatment

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**Please note that, if all the required documentation is not included and/or consents are not signed and initialed, the presentation will be cancelled.**

- Consent Forms - signed and initialed by parent(s)/guardian(s), and youth if 16 years old (Note: in a shared care agreement both guardians must complete and sign the consent forms)
- Ottawa Children's Coordinated Access and Referral to Services Application Form
- Assessments (completed within 2 years) relating to the following: Academic functioning, Socio-emotional, Cognitive abilities
- Current Report Card, IEP and Credit Counseling Summary  
Speech and Language Evaluation, O.T. / P.T. (if available)
- Social History, Social Work, Plans of Care (if available)
- Requests for the Integrated Plan of Care must include the *CANS*

### FOR INFORMATION ONLY

A copy of the complete file needs to be sent to the Student Services or Learning Support Services at least 7 working days preceding the presentation.

PS: The responsibility of presenting the file/case to the Ottawa Children's Coordinated Access and Referral to Services' Committee remains with the agency/school asking for services. We do encourage the presenters to be accompanied by people who know the child/youth well, for example: other agency, family members, doctors, specialists, psychiatrists, etc.

**CONSENT TO THE DISCLOSURE, TRANSMITTAL OR EXAMINATION OF CLINICAL RECORD  
AND REPORT CARD**

**(The parent or guardian must sign the consent form on behalf of children under the age of 16. Whenever possible, children between the ages of 12 and 15 should also sign their own consent form).**

I (*last & first name of parent/guardian*), \_\_\_\_\_ of (*address*) \_\_\_\_\_  
hereby consent to the release, disclosure or transmittal to and examination by any member of Ottawa Children's Coordinated Access and Referral to Services Committee of the following information in respect to (*last & first name of client*):  
\_\_\_\_\_ and (*date of birth*) \_\_\_\_\_.

OR,

**(Children 16 years of age or older must sign their own consent forms).**

I (*last and first name of client*), \_\_\_\_\_, (*date of birth*) \_\_\_\_\_ hereby consent to the release, disclosure or transmittal to and examination by any member of Ottawa Children's Coordinated Access and Referral to Services Committee of the following information:

Educational Records

Clinical records compiled in or at: \_\_\_\_\_  
(*list the name(s) of agency, facility or private practitioner*)

Description of the information to be disclosed from the Clinical Records:

Medical Records

Psychiatric/Psychological Records

Social history

Other Pertinent Information, specify \_\_\_\_\_

I understand that this consent is also for the purpose of collecting information for research to help understand the factors involving mental health services and clients. The information collected will remain confidential, will be coded and the client will not be identified by name. My consent means that I agree to allow information about the client, which does not identify the client by name, to be included in research on mental health services and clients. Names of clients and/or guardians and/or parents will not be associated in any way with the results of the research.

**NOTE:**

1. A client who is 12 years of age or older, who has participated in counselling with or without parental/guardian consent may, with or without parental/guardian consent to the release, disclosure or transmittal to and examination of their counselling records.
2. Consent to residential and day treatment services may only be given by the parent/guardian if the client has not attained the age of 16 years.
3. Consent to residential and day treatment services may only be given to the client, with or without parental/guardian consent, where the client has attained the age of 16 years.
4. A client who is 16 years of age or older may, with or without parental/guardian consent, consent to the release, disclosure or transmittal to and examination of his/her personal information.

This authorization for the release, disclosure or transmittal and examination of the above-described information has been fully explained to me. I understand and agree with the disclosure.

\_\_\_\_\_  
(*Signature of client, if applicable*)

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
(*Signature of parent/guardian*)

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
(*Signature of Witness*)

\_\_\_\_\_  
*Date*



**CONSENT TO PARTICIPATE IN THE COORDINATED ACCESS MECHANISM**

**(The parent or guardian must sign the consent form on behalf of children under the age of 16. Whenever possible, children between the ages of 12 and 15 should also sign their own consent form).**

I (*last & first name of parent/guardian*), \_\_\_\_\_ hereby consent to receive case resolution / referral services from the Ottawa Children's Coordinated Access and Referral to Services in respect to (*last & first name of client*), \_\_\_\_\_ (*date of birth*) \_\_\_\_\_.

OR,  
**(Children 16 years of age or older must sign their own consent forms)**

I (*last & first name of client*), \_\_\_\_\_ (*date of birth*) \_\_\_\_\_ hereby consent to receive case resolution / referral services from the Ottawa Children's Coordinated Access and Referral to Services.

- ▶ I understand that all the information provided to the Ottawa Children's Coordinated Access and Referral will be shared with all committee members unless otherwise indicated.
- ▶ I consent to the disclosure of my service history and that of my family from the following organizations for the purpose of the Ottawa Children's Coordinated Access and Referral to Services' presentation. Please indicate below if you do not consent to an agency sharing your service history.
- ▶ I understand that this consent is for the purpose of developing recommendations regarding admission and/or referrals to mental health services, day treatment and residential care. However the least intrusive measure possible will be developed.

I am aware that the following organizations participate in the Ottawa Children's Coordinated Access and Referral to Services Committee and consent to their participation.

**Please indicate by a CHECK MARK IF YOU DO NOT CONSENT to the participation of an agency listed below.**

- |  |                                     |
|--|-------------------------------------|
| Association pour l'intégration sociale d'Ottawa                                  | Service Coordination des services   |
| Centre Psychosocial  | Tungasuvvingat Inuit                |
| Champlain Community Care Access Centre   | Wabano Centre for Aboriginal Health |
| Children's Aid Society of Ottawa   | Youth Services Bureau               |
| Children's Hospital of Eastern Ontario   | Youturn                             |
| Christian Horizons   |                                     |
| Conseil des écoles catholiques du Centre-Est de l'Ontario                        |                                     |
| Conseil des écoles publiques de l'Est de l'Ontario                               |                                     |
| Crossroads Children Centre   |                                     |
| Dave Smith Youth Treatment Centre  |                                     |
| Maison Fraternité  |                                     |
| Ministry of Children and Youth Services  |                                     |
| Ministry of Community and Social Services  |                                     |
| Ministry of Community Safety and Correctional Services                           |                                     |
| Minwaashin Lodge   |                                     |
| Odawa Native Friendship Centre   |                                     |
| Ottawa-Carleton Association for Persons with Developmental Disabilities          |                                     |
| Ottawa Catholic School Board   |                                     |
| Ottawa Carleton District School Board  |                                     |
| Ottawa Children's Treatment Centre   |                                     |
| Ottawa Inuit Centre  |                                     |
| Ottawa Rotary Home   |                                     |
| Rideauwood Addiction and Family Services   |                                     |
| Roberts Smart Centre   |                                     |
| Roger's House  |                                     |
| Royal Ottawa Mental Health Centre  |                                     |
| Other agencies for which you are providing consent to participate: specify _____ |                                     |

\_\_\_\_\_  
(Signature of client, if applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Signature of parent/guardian)

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Signature of Witness)

\_\_\_\_\_  
Date

## COORDINATED ACCESS MECHANISM

- I understand that if the committee recommends a referral to an agency working with Ottawa Children's Coordinated Access and Referral to Services they would be provided with a copy of the documentation gathered for the presentation and the committee's recommendations. Should respite services be recommended, Terrace Youth Residential Services Inc. will also receive a copy of the documentation gathered for the presentation and the committee's recommendations.
- I am aware that, following my consent, a file is opened for the purpose of a Ottawa Children's Coordinated Access and Referral to Services presentation. The information gathered will remain the property of Coordinated Access and Referral for ten years after the last contact and will be archived at the Youth Services Bureau of Ottawa.
- I am aware that the file will be kept confidential. A copy of the information gathered will be kept in the file, as well as on the Youth Services Bureau of Ottawa's confidential database.
- I have been given the "Client - Parent/Guardian information guide" that includes information about my rights, responsibilities, risks, benefits and appeal process related to Ottawa Children's Coordinated Access and Referral to Services.
- I have been made aware that I have the right to refuse any recommendations/referrals to services made by the Ottawa Children's Coordinated Access and Referral to Services Committee.
- I understand that there are three circumstances that would require the Ottawa Children's Coordinated Access and Referral to Services Committee to report information without my consent. They are,
  1. If the committee were told that someone is planning to seriously harm someone.
  2. Under the law, if the committee believes that a child under the age of 16 is at risk of harm we must report this to the Children's Aid Society.
  3. If there is a court case and the judge demands it, Ottawa Children's Coordinated Access and Referral to Services must release the file to the judge who will decide if any of the information is relevant to the trial.

**I agree to be contacted by Ottawa Children's Coordinated Access and Referral to Services in order to give feedback about my level of satisfaction with the process and the services I have received (please fill out contact information below).**

Telephone: ( ) - E-mail: \_\_\_\_\_

**I have read and agree with all of the above information. I understand the information given and know my rights and responsibilities.**

\_\_\_\_\_  
(Signature of client, if applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Signature of parent/guardian)

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Signature of Witness)

\_\_\_\_\_  
Date

### INTAKE FACT SHEET

SEJ QQN'DQCTF "			
<b>PRESENTERS</b>			
<b>NAME:</b>	<b>ROLE:</b>	<b>TELEPHONE:</b>	<b>E-MAIL:</b>
		( ) -	
		( ) -	
		( ) -	
<b>SERVICE REQUESTED</b>			

<b>Child's name</b>			
<b>Gender</b>	<b>M</b>	<b>F</b>	<b>Other</b>
<b>Date of birth</b>			<b>Age:</b>
<b>Child's school</b>			<b>Grade:</b>
<b>Legal guardian</b>			
<b>Parent's name</b>			
<b>Address</b>			
<b>Telephone</b>	<b>Home</b>		<b>Work</b>
	<b>Email</b>		
<b>Parent's name</b>			
<b>Address</b>			
<b>Telephone</b>	<b>Home</b>		<b>Work</b>
	<b>Email</b>		
<b>Primary language</b>	<b>English</b>	<b>French</b>	<b>Other Specify :</b>
<b>Siblings</b>	<b>Name</b>	<b>Date of birth</b>	<b>School</b>

<b>Health concerns</b>			
<b>Family physician</b>	<b>Name</b>		
	<b>Telephone</b>		
<b>Specialist (s)</b>	<b>Name</b>	<b>Specialty</b>	<b>Telephone</b>
			( ) -
			( ) -
			( ) -
<b>Medication</b>		<b>Prescribed by</b>	<b>Date of last review</b>

Diagnosis	Diagnosing professional	Date dd/mm/yy
<input type="checkbox"/> Attention Deficit Disorder		
<input type="checkbox"/> Attention Deficit Disorder with Hyperactivity		
<input type="checkbox"/> Attachment Disorder		
<input type="checkbox"/> Adjustment Disorder		
<input type="checkbox"/> Communication Disorder		
<input type="checkbox"/> Depression		
<input type="checkbox"/> Anxiety Disorder Specify:		
<input type="checkbox"/> Obsessive Compulsive Disorder		
<input type="checkbox"/> Bipolar Disorder		
<input type="checkbox"/> Tourette Syndrome		
<input type="checkbox"/> Conduct Disorder		
<input type="checkbox"/> Oppositional Defiant Disorder		
<input type="checkbox"/> Autism Spectrum Disorder Specify:		
<input type="checkbox"/> Other diagnosis Specify:		

**DEMOGRAPHIC INFORMATION**

**CLIENT (LEGAL CUSTODY)**

- Parental
- Parental Joint Custody
- Parental (Single Parent); identify parent: \_\_\_\_\_
- Parental- CAS (Temporary Care Agreement)
- Children's Aid Society – Crown Ward
- Children's Aid Society – Society or Temporary Ward
- Children's Aid Society – Interim Care and Custody
- Independent
- Other; specify: \_\_\_\_\_

**CLIENT'S CURRENT LIVING SETTING:**

- Family       Natural       Kin       Adopted
- Children's Aid Society
  - Foster Home
  - Group Home
  - Collaborative Group Care
  - Kinship in Care
- Friend's Home
- Group Home (Treatment Home – Non Medical)
- Homeless, Hostel

- Hospital, Treatment Facility – Medical
- Independent
- Currently in detention
- Other

**FAMILY STRUCTURE:**

- Single Adult Caregiver
  - Two Adult Caregivers
  - Independent
  - Unknown
  - Other
- Male       Female

Number of People living in the primary family household:  
(Including the client)

\_\_\_\_\_ Number       Unknown

**FINANCIAL STATUS:**

**(The information provided will help us better serve and meet the needs of various socio economic groups).**

Does the client's family live in subsidized housing?

- Yes       No       Unknown

Could you tell me which of the following describes your total family income over the past year?

- |  |  |
|--|--|
| <input type="checkbox"/> \$0 - \$9,999       | <input type="checkbox"/> \$30,000 - \$39,999   |
| <input type="checkbox"/> \$10,000 - \$14,999 | <input type="checkbox"/> \$40,000 - \$49,999   |
| <input type="checkbox"/> \$15,000 - \$19,999 | <input type="checkbox"/> \$50,000 - \$59,999   |
| <input type="checkbox"/> \$20,000 - \$29,999 | <input type="checkbox"/> Greater than \$60,000 |

**Source of income:**

- Working full time
- Working part time or casual
- Working poor
- Ontario Disability Benefits (ODSP)
- Ontario Works – social support
- OSAP
- Employment Insurance (EI)
- Seasonal or contract
- WSIB – social support
- Other: \_\_\_\_\_

**CULTURAL IDENTIFICATION:**

(The information provided will help us better serve and meet the needs of various ethno cultural groups).

North American Aboriginal origins (Inuit, Métis first Nations {Cree, Algonquin, Mohawk, Mi'kmaq, Ojibway})

specify: \_\_\_\_\_

Other North American origins (i.e. Acadian, Canadian, American)

specify: \_\_\_\_\_

European origins (i.e. Irish, Scottish, German)

specify: \_\_\_\_\_

Caribbean origins (i.e. Cuban, Haitian, Puerto Rican)

specify: \_\_\_\_\_

Latin, Central and South American origins (i.e. Brazilian, Hispanic, Mexican)

specify: \_\_\_\_\_

African origins (i.e. Congolese, Burundian, Somali)

specify: \_\_\_\_\_

Asian origins (i.e. Lebanese, East Indian, Chinese)

specify: \_\_\_\_\_

Oceania origins (i.e. Australian, New Zealander, Pacific Islands origins)

specify: \_\_\_\_\_

Unknown

**CLIENT'S PLACE OF BIRTH:**

Canada

Other (length of time in Canada) \_\_\_\_\_

Refugee status

**CURRENT PRIMARY PRESENTING PROBLEMS AREAS:**

Check category that apply; choose as many as apply.

<p><b>School and Learning</b></p> <p><input type="checkbox"/> Truancy</p> <p><input type="checkbox"/> School Phobia</p> <p><input type="checkbox"/> Academic under Achievement</p> <p><input type="checkbox"/> Learning Problems</p> <p><input type="checkbox"/> Specific Learning Disability</p>	<p><b>Victimization</b></p> <p><input type="checkbox"/> Sexual Abuse</p> <p><input type="checkbox"/> Physical Abuse</p> <p><input type="checkbox"/> Emotional Abuse</p> <p><input type="checkbox"/> Reported Abuse; to: _____ By whom: _____</p> <p><input type="checkbox"/> Bullying/Threat; reported to: _____ By whom: _____</p> <p><input type="checkbox"/> Witness of abuse</p> <p><input type="checkbox"/> Neglect</p>
<p><b>Disruptive Behavior</b></p> <p><input type="checkbox"/> Hostility with Aggression</p> <p><input type="checkbox"/> Hostility without Aggression</p> <p><input type="checkbox"/> Running</p> <p><input type="checkbox"/> Fire Setting</p> <p><input type="checkbox"/> Stealing</p> <p><input type="checkbox"/> Destruction of Property</p> <p><input type="checkbox"/> Sexual Acting Out</p> <p><input type="checkbox"/> Substance Abuse</p> <p><input type="checkbox"/> Defiance</p> <p><input type="checkbox"/> Problems with Self Control</p> <p><input type="checkbox"/> Bullying</p>	<p><b>Thought, Perception and Mood Disturbances</b></p> <p><input type="checkbox"/> Disturbances in Thought Process</p> <p><input type="checkbox"/> Anxiety</p> <p><input type="checkbox"/> Continued Excited Mood</p> <p><input type="checkbox"/> Self Harm</p> <p><input type="checkbox"/> Labile Mood</p> <p><input type="checkbox"/> Suicidal Ideation</p> <p><input type="checkbox"/> Suicidal Gestures</p>
<p><b>Intellectual/Adaptive/Functional</b></p> <p><input type="checkbox"/> Deficits in Intellectual Function</p> <p><input type="checkbox"/> Deficits in Life Skills</p> <p><input type="checkbox"/> Development Delay</p>	<p><b>Social Withdraw</b></p> <p><input type="checkbox"/> Lack of Peer Friendships</p> <p><input type="checkbox"/> Lack of Adult Relationships</p> <p><input type="checkbox"/> Social Isolation</p>
<p><b>Family Issues/Concerns/Dynamics</b></p> <p><input type="checkbox"/> Lack of Family Support to Provide Care</p> <p><input type="checkbox"/> Family Conflict/Distress</p> <p><input type="checkbox"/> Parent/Child Conflict</p> <p><input type="checkbox"/> Family Break-up</p> <p><input type="checkbox"/> Substance Abuse</p> <p><input type="checkbox"/> Physical or Mental Health Issues</p> <p><input type="checkbox"/> Other; Specify: _____</p>	<p><b>Physical/Sensory Status</b></p> <p><input type="checkbox"/> Neurological or Severe Brain Damage</p> <p><input type="checkbox"/> Enuresis</p> <p><input type="checkbox"/> Encopresis</p> <p><input type="checkbox"/> Sensory Deficits/Disorders</p> <p><input type="checkbox"/> Sleep Disturbances</p> <p><input type="checkbox"/> Psycho-Physiological</p> <p><input type="checkbox"/> Physical Disability</p>

**SCHOOL STATUS:**

Number of school attended, please list:

\_\_\_\_\_ Grade failed

History of Absenteeism (days missed by school year): \_\_\_\_\_

Comments:

IPRC Status    Yes        No        Exceptionality: \_\_\_\_\_

Areas of Strength (subject)	Areas of Need (subject)
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.

Does the client currently have a school placement?

- Yes, regular class placement
- Yes, special education placement; specify: \_\_\_\_\_
- Yes, modified day; specify: \_\_\_\_\_
- Yes, other; specify: \_\_\_\_\_
- No: specify \_\_\_\_\_
- Unknown

Does client currently attend school?

- Yes
- No, expelled
- No, suspended
- No, other; specify: \_\_\_\_\_
- Safe School
- On waiting list for: \_\_\_\_\_



**SERVICE HISTORY:** (Select all those that apply. Please provide outcome of services in the summary)

Agency	Program	Current	Past	Date	Completed
Addiction Services	David Smith Centre	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	Rideau Wood	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	Maison Fraternité	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	Sandy Hill	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	Others (specify):				
Children's Aid Society	Group Care	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	Foster Care	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	Parent Model Home	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	Collaborative Group Care	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	Adoption	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	Kin	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	Day Treatment	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Others (specify):					
Children's Hospital of Eastern Ontario	Psychiatric/Inpatient	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	Outpatient	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	Day Treatment	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	Others (specify):				
Crossroads Children's Centre	Residential	N/A	<input type="checkbox"/>		<input type="checkbox"/>
	Respite	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	Intensive Services	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	Home Based	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	Under 6 Program	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	Day Treatment	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	Others (specify):				
Roberts/Smart Centre	Crisis	N/A	<input type="checkbox"/>		<input type="checkbox"/>
	Secure	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	Residential (CFI)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	YOA	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	Day Treatment	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	Others (specify):				
Royal Ottawa Health Care Group	Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	Inpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	Day Treatment	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	YPHU	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	Others (specify):				
Youth Services Bureau	Young Offender Services	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	Counselling	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	Intensive Services (MST/SFI)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	Community Program	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	Mobile Crisis	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	Wraparound	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	Day Treatment	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	Residential Crisis Unit	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	SFI (Parenting Group)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	Others (specify):				

Cont'd

**SERVICE HISTORY:**

(Select all those that apply. Please provide outcome of services in the summary)

Agency	Program	Current	Past	Date	Completed
Centre psychosocial	Intensive Services	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	Day Treatment	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	Residential	N/A	<input type="checkbox"/>		<input type="checkbox"/>
	Mental Health	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	Others (specify):				
Identify the school board, student services or professional support services accessed:		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Others (specify):		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

**DESCRIBE CHILD'S/YOUTH'S STRENGTHS**

**DESCRIBE CHILD'S/YOUTH'S/FAMILY'S NEEDS**

**SUMMARY:**

Please provide a summary of the child/youth/family being presented. **Note that the summary will act as your presentation to committee.**

**A complete summary includes the following:**

1. Brief family and service history
2. Primary presenting problems as identified by both the worker and the family
3. Interventions that have been attempted & Outcomes
4. ~~AP~~ Previous clinical, mental health and community recommendations
5. Request being made to Ottawa Children's Coordinated Access and Referral to Services

*Cont'd*

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(Signature of presenter)

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Date

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(Signature of parent/guardian)

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Date

---

(Signature of client)

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Date

**STUDENT NAME:**

**PRESENTER(S) & ATTENDEE(S)**

<b>NAME</b>	<b>TITLE</b>	<b>SCHOOL/ AGENCY</b>	<b>EMAIL ADDRESS</b>	<b>PHONE NUMBER</b>

**COMPLETED FORM IS TO BE SUBMITTED  
WITH THE PACKAGE**