

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

---

**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 parent/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.

## Application Form Mental Health/Education

---

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

- 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)
- Parent/guardian Information Guide has been reviewed with and giving to parent/guardian
- 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, Individual Education Plan and Credit Counseling Summary, Speech and Language Evaluation, Occupational / Physical Therapy Assessment (if available)
- Social History, Social Work, Plans of Care, Safety Plan (if available)

**NOTE:**

*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, physicians, specialists, psychiatrists, etc.*

If the request is not from an Ottawa School Board, a copy of the complete file, including this copy, need to be sent by mail, confidential fax or encrypted e-mail to:

**Ottawa Children's Coordinated Access & Referral to Services**  
**2675 Queensview Drive, Ottawa, ON, K2B 8K2**  
**(613) 729-0577 ext. 1251**  
**Fax: (613) 288-0426**  
[info@coordinatedaccess.ca](mailto:info@coordinatedaccess.ca)

**Student name:**

**Presenter(s) & attendee(s)**

<b>Name</b>	<b>Title</b>	<b>School/agency</b>	<b>E-mail address</b>	<b>Phone number</b>
				(    )    -
				(    )    -
				(    )    -
				(    )    -
				(    )    -
				(    )    -

**Completed form is to be submitted with the package**

## 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 (*DOB*) \_\_\_\_\_.

OR,

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

I (*last and first name of client*), \_\_\_\_\_, (*DOB*) \_\_\_\_\_ 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       Needs Assessment       Psychiatric/Psychological Records  
 Social history       Educational records       Behavioral assessment  
 Intake Forms       Risk assessment       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*),

\_\_\_\_\_ (*DOB*) \_\_\_\_\_.

OR,

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

I (*last & first name of client*), \_\_\_\_\_ (*DOB*) \_\_\_\_\_ 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.

- |                                                                                                  |                                                                   |
|--------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <input type="checkbox"/> Association pour l'intégration sociale d'Ottawa                         | <input type="checkbox"/> Ottawa Inuit Centre                      |
| <input type="checkbox"/> Centre Psychosocial                                                     | <input type="checkbox"/> Ottawa Rotary Home                       |
| <input type="checkbox"/> Champlain Local Health Integration Network (LHIN)                       | <input type="checkbox"/> Rideauwood Addiction and Family Services |
| <input type="checkbox"/> Children's Aid Society of Ottawa                                        | <input type="checkbox"/> Roberts/Smart Centre                     |
| <input type="checkbox"/> CHEO                                                                    | <input type="checkbox"/> Roger Neilson House                      |
| <input type="checkbox"/> Conseil des écoles catholiques du Centre-Est                            | <input type="checkbox"/> Royal Ottawa Mental Health Centre        |
| <input type="checkbox"/> Conseil des écoles publiques de l'Est de l'Ontario                      | <input type="checkbox"/> Service Coordination des services        |
| <input type="checkbox"/> Crossroads Children's Mental Health Centre                              | <input type="checkbox"/> Wabano Centre for Aboriginal Health      |
| <input type="checkbox"/> Dave Smith Youth Treatment Centre                                       | <input type="checkbox"/> Youth Services Bureau of Ottawa          |
| <input type="checkbox"/> Maison Fraternité                                                       | <input type="checkbox"/> Youturn Youth Support Services           |
| <input type="checkbox"/> Ministry of Health and Long-Term Care                                   |                                                                   |
| <input type="checkbox"/> Ministry of Children, Community and Social Services                     |                                                                   |
| <input type="checkbox"/> Ministry of Community Safety and Correctional Services                  |                                                                   |
| <input type="checkbox"/> Ottawa-Carleton Association for Persons with Developmental Disabilities |                                                                   |
| <input type="checkbox"/> Ottawa Catholic School Board                                            |                                                                   |
| <input type="checkbox"/> Ottawa Carleton District School Board                                   |                                                                   |

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.
- I am aware that, following my consent, a file is opened with the Ottawa Children's Coordinated Access and Referral to Services. 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 and have reviewed 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 18 is at risk of harm we must report this to the Children's Aid Society of Ottawa.
  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

<b>Referral source / School board</b>			
<b>Presenters</b>			
<b>Name</b>	<b>Role</b>	<b>Telephone</b>	<b>E-mail</b>
		( ) -	
		( ) -	
		( ) -	
<b>Service requested</b>	<i>Day Treatment Program</i>		

### Child/Youth & Family Information

<b>Child/youth's name</b>			
<b>Date of birth (m/d/y)</b>		<b>Age:</b>	
<b>Parent/guardian</b>			
<b>Address</b>			<b>Postal Code:</b>
<b>Telephone</b>	<b>Home</b>	( ) -	<b>Work: ( ) -</b>
	<b>Email</b>		
<b>Parent/guardian</b>			
<b>Address</b>			<b>Postal Code:</b>
<b>Telephone</b>	<b>Home</b>	( ) -	<b>Work ( ) -</b>
	<b>E-mail</b>		
<b>Sibling(s)</b>	<b>Name</b>	<b>Date of birth</b>	<b>School</b>

### Health Information

<b>Diagnosis / 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 Information**

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:		

**School Information**

<b><i>Does the child/youth attend school?</i></b>	
<p style="text-align: right;">Yes <input type="checkbox"/></p> <input type="checkbox"/> Regular class placement <input type="checkbox"/> Special education placement Please specify: <input type="checkbox"/> Modified day Date: # hrs per day: <input type="checkbox"/> Child/youth is informally suspended #of days: <input type="checkbox"/> Safe School Program <input type="checkbox"/> Safety Plan (please include) <input type="checkbox"/> On waiting list for:	<p style="text-align: right;">No <input type="checkbox"/></p> <input type="checkbox"/> Expelled Date: <input type="checkbox"/> Excluded Date: <input type="checkbox"/> Suspended Date:  ** Please include formal documentation
<b><i>Student's school:</i></b>	<b><i>Grade:</i></b>
<b><i>School Board:</i></b>	
<input type="checkbox"/> Conseil des écoles catholiques du Centre-Est (CECCE) <input type="checkbox"/> Ottawa Carleton District School Board (OCDSB) <input type="checkbox"/> Conseil des écoles publiques de l'Est de l'Ontario (CEPEO) <input type="checkbox"/> Ottawa Catholic School Board (OCSB) <input type="checkbox"/> Private School <input type="checkbox"/> Home schooled <input type="checkbox"/> Post-secondary	
<b><i>Number of school attended:</i></b>	<b><i>History of absenteeism:</i></b>
<b><i>Number of credits:</i></b>	<input type="checkbox"/> Yes # of days in the current school year: <input type="checkbox"/> No
<b><i>Transportation concerns</i></b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b><i>IEP:</i></b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b><i>IPRC:</i></b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b><i>Comment:</i></b>	
<b><i>If the student does not have an IEP, please complete the following</i></b>	
<b><i>Areas of Strength (subject)</i></b>	<b><i>Areas of Need (subject)</i></b>
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.



**DEMOGRAPHIC INFORMATION**

*If your Organization or Agency agreed to collect the below demographics, print and include them within your application. If you do not collect the below demographics, you must complete this information.*

Demographic information	
<p><b>Sex of Client</b> <i>What sex were you assigned at birth?</i></p> <p><input type="checkbox"/> Male                      <input type="checkbox"/> Intersex <input type="checkbox"/> Female                      <input type="checkbox"/> Prefer not to answer</p>	<p><b>Gender Identity</b> <i>What is your current gender identity?</i></p> <p><input type="checkbox"/> Male                      <input type="checkbox"/> Female                      <input type="checkbox"/> Two Spirit <input type="checkbox"/> A gender (does not identify as male, female or Transgender) <input type="checkbox"/> Gender fluid / Non-binary (varies day to day) <input type="checkbox"/> Trans Male (born female transitioning to male) <input type="checkbox"/> Trans Female (born male transitioning to female) <input type="checkbox"/> Other (please specify): <input type="checkbox"/> Prefer not to answer</p>
<p><b>Sexual Orientation of Client</b> <i>What is your sexual orientation?</i></p> <p><input type="checkbox"/> Asexual                      <input type="checkbox"/> Gay                      <input type="checkbox"/> Lesbian <input type="checkbox"/> Bisexual                      <input type="checkbox"/> Queer                      <input type="checkbox"/> Heterosexual <input type="checkbox"/> Two-spirited <input type="checkbox"/> Other (please specify): <input type="checkbox"/> Prefer not to answer</p>	<p><b>Client Legal Guardianship</b> <i>Who is client's legal guardian?</i></p> <p><input type="checkbox"/> Both parents                      <input type="checkbox"/> Mother only                      <input type="checkbox"/> Father only <input type="checkbox"/> Neither parent but other relative(s) or non-relative(s) <input type="checkbox"/> Children's Aid Society - Temporary Care Agreement     • Specify Who: <input type="checkbox"/> Children's Aid Society - Crown Ward <input type="checkbox"/> Children's Aid Society - Society or Temporary Ward <input type="checkbox"/> Children's Aid Society - Interim Care and custody <input type="checkbox"/> Public Guardian    <input type="checkbox"/> Independent - Youth responsible for self <input type="checkbox"/> Other – Specify: <i>Copy of legal guardianship obtained.</i> <input type="checkbox"/> Yes                      <input type="checkbox"/> No                      <input type="checkbox"/> N/A <input type="checkbox"/> No but declaration/guardianship form signed</p>
<p><b>Current living situation</b> <i>Who are you currently living with?</i></p> <p><input type="checkbox"/> With parent(s) or guardian(s) <input type="checkbox"/> With sibling(s), no parent(s)/guardian(s) <input type="checkbox"/> Other relative(s) <input type="checkbox"/> Foster family <input type="checkbox"/> Group home <input type="checkbox"/> Friends <input type="checkbox"/> Independent <input type="checkbox"/> Other (please specify): <input type="checkbox"/> Prefer not to answer</p>	<p><b>Legal status in Canada</b></p> <p><input type="checkbox"/> Citizen                      <input type="checkbox"/> Temporary resident <input type="checkbox"/> Dual citizen                      <input type="checkbox"/> Permanent resident <input type="checkbox"/> Refugee                      <input type="checkbox"/> Prefer not to answer What year did you arrive in Canada: <input type="checkbox"/> Prefer not to answer</p>
<p><b>Place of Origin</b> <i>Where were you born:</i></p> <p><input type="checkbox"/> Canada <input type="checkbox"/> Born outside of Canada Specify country:</p>	<p><b>Which race do you identify with (choose all that apply)</b></p> <p><input type="checkbox"/> Arab                      <input type="checkbox"/> Black <input type="checkbox"/> Chinese                      <input type="checkbox"/> Filipino <input type="checkbox"/> White                      <input type="checkbox"/> Japanese <input type="checkbox"/> Korean                      <input type="checkbox"/> Latin American <input type="checkbox"/> Indigenous    <input type="checkbox"/> West Asian (Iranian, Afghan, etc.) <input type="checkbox"/> South Asian (East Indian, Pakistani, Sri Lankan) <input type="checkbox"/> Southeast Asian (Vietnamese, Cambodian, Thai) <input type="checkbox"/> Other – specify: <input type="checkbox"/> Prefer not to answer</p>
<p><b>Indigenous Population</b> <i>Please indicate which cultural group best represents your identity, or portion of your identity:</i></p> <p><input type="checkbox"/> First Nations – Community :     <input type="checkbox"/> Cree                      <input type="checkbox"/> Mohawk                      <input type="checkbox"/> Ojibway     <input type="checkbox"/> Mi'kmaq                      <input type="checkbox"/> Algonquin     <input type="checkbox"/> Other (please specify): <input type="checkbox"/> Métis – Community: <input type="checkbox"/> Inuit – Region/Community: <input type="checkbox"/> Other (please specify): <input type="checkbox"/> Prefer not to answer                      <input type="checkbox"/> N/A</p>	

**Demographic information**

**Ethnicity**

Which ethnic/cultural group do you identify with (check all that apply):

- North American (Canadian, American, Mexican)
- British Isles (English, Irish, Scottish, Welsh)
- Western European (Austrian, Belgian, Dutch, German, Swiss)
- Northern European (Danish, Finnish, Icelandic, Norwegian, Swedish)
- Eastern European (Czech, Hungarian, Latvian, Lithuanian, Polish, Romanian, Russian, Slovak, Ukrainian)
- Southern European (Bulgarian, Croatian, Greek, Italian, Portuguese, Serbian, Slovenian, Spanish)
- Caribbean (Barbadian, Guyanese, Haitian, Indo-Caribbean, Jamaican, Trinidadian/Tobagonian, West Indian)
- Latin, Central South American origins (Colombian, Mexican, Peruvian, Salvadorian)
- African (Black, Burundian, Congolese, Eritrean, Ethiopian, Ghanaian, Nigerian, Rwandan, Somali, South African)
- West Asian (Afghan, Armenian, Iranian, Israeli, Turk)
- South Asian (Bangladeshi, East Indian, Pakistani, Punjabi, Sri Lankan, Tamil)
- East/Southeast Asian (Cambodian, Chinese, Filipino, Japanese, Korean, Vietnamese)
- Oceania (Australian, Pacific Islanders)
- Unknown
- Indigenous
- French (Acadian, French)
- Other European (Jewish)
- Prefer not to answer
- Other (specify):

**Language**

What is your mother tongue?

- English
- French
- Prefer not to answer
- Other (Specify):

In which language, would you like to receive service?

- English
- French
- Other (please specify):

If discrepancy between mother tongue, child/youth's educational language and preferred language of service, please explain:

- Perception that quality of service is different
- Perception that wait times are different
- Uni-lingual family member
- Other (please specify):

Are you comfortable speaking with your care provider in English or French?

- Yes
- No, but have resources / supports to provide interpretation
- No

Are you comfortable receiving written information in English or French?

- Yes
- No, but have resources / supports to provide Interpretation
- No

**Family Income**

What was your total family income last year?

- \$0 - \$29,999
- \$30,000 - \$59,999
- \$60,000 - \$89,999
- \$90,000 - \$119,999
- \$120,000 - \$149,999
- \$150,000 or more
- Prefer not to answer
- Do not know

How many people does this income support?

**Language**

What language(s) is spoken at home?

Child/youth	Caregiver 1	Caregiver 2
<input type="checkbox"/> English	<input type="checkbox"/> English	<input type="checkbox"/> English
<input type="checkbox"/> French	<input type="checkbox"/> French	<input type="checkbox"/> French
<input type="checkbox"/> Arabic	<input type="checkbox"/> Arabic	<input type="checkbox"/> Arabic
<input type="checkbox"/> Cantonese	<input type="checkbox"/> Cantonese	<input type="checkbox"/> Cantonese
<input type="checkbox"/> Chinese, n.o.s.	<input type="checkbox"/> Chinese, n.o.s.	<input type="checkbox"/> Chinese, n.o.s.
<input type="checkbox"/> German	<input type="checkbox"/> German	<input type="checkbox"/> German
<input type="checkbox"/> Indigenous Language	<input type="checkbox"/> Indigenous Language	<input type="checkbox"/> Indigenous Language
<input type="checkbox"/> Mandarin	<input type="checkbox"/> Mandarin	<input type="checkbox"/> Mandarin
<input type="checkbox"/> Persian (Farsi)	<input type="checkbox"/> Persian (Farsi)	<input type="checkbox"/> Persian (Farsi)
<input type="checkbox"/> Portuguese	<input type="checkbox"/> Portuguese	<input type="checkbox"/> Portuguese
<input type="checkbox"/> Somali	<input type="checkbox"/> Somali	<input type="checkbox"/> Somali
<input type="checkbox"/> Spanish	<input type="checkbox"/> Spanish	<input type="checkbox"/> Spanish
<input type="checkbox"/> Italian	<input type="checkbox"/> Italian	<input type="checkbox"/> Italian
<input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Prefer not to answer
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:

**Accessibility**

Do you identify as a person with one or more disabilities?

- Yes
- No
- Prefer not to answer

If yes, check all that apply:

- Seeing
- Flexibility
- Learning
- Drug or alcohol dependence
- None of the above (please specify):
- Hearing
- Dexterity
- Memory
- Mental/ psychological
- Mobility
- Pain
- Developmental

What is your source of income?

- Working full time
- Working part time/casual
- WSIB – social support
- Employment Insurance (EI)
- Ontario Disability Benefits (ODSP)
- Ontario Student Assistance Program (OSAP)
- Working poor
- Ontario Works
- Seasonal or contract
- Do not know
- Prefer not to answer
- Other:

**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"/> Lack of support</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><input type="checkbox"/> Transportation challenges</p> <p><input type="checkbox"/> Other – specify:</p>	<p><b>Victimization</b></p> <p><input type="checkbox"/> Sexual Abuse    <input type="checkbox"/> Physical Abuse    <input type="checkbox"/> Emotional Abuse</p> <p><input type="checkbox"/> Reported Abuse; to:</p> <p>By whom:</p> <p><input type="checkbox"/> Bullying/Threat; reported to:</p> <p>By whom:</p> <p><input type="checkbox"/> Witness of abuse</p> <p><input type="checkbox"/> Neglect</p> <p><input type="checkbox"/> Exploited</p>
<p><b>Disruptive Behavior</b></p> <p><input type="checkbox"/> Interfering / Challenging Behavior</p> <p>    <input type="checkbox"/> School    <input type="checkbox"/> Community    <input type="checkbox"/> Home</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><input type="checkbox"/> Hostility with Aggression</p> <p><input type="checkbox"/> Hostility without Aggression</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><input type="checkbox"/> Depression</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>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> <p><input type="checkbox"/> Mobility Challenges</p> <p><input type="checkbox"/> Incontinence</p> <p><input type="checkbox"/> Visual/Hearing Impairment</p> <p><input type="checkbox"/> Communication Challenges</p> <p><input type="checkbox"/> Other –specify:</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"/> Vulnerability/At risk behaviour</p> <p><input type="checkbox"/> Social Isolation</p> <p><input type="checkbox"/> Social Communication Challenges</p> <p><input type="checkbox"/> Additional Information:</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"/> Inability to Meet the Needs of the Child</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"/> Inconsistent Parenting</p> <p><input type="checkbox"/> Addiction (Internet or Substance)</p> <p><input type="checkbox"/> Physical or Mental Health Issues</p> <p><input type="checkbox"/> Other- Specify:</p>

**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"/>
	Rideauwood	<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):				
Association pour l'intégration sociale d'Ottawa	Respite	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Centre psychosocial	Camp	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	Intensive Services	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	Day Treatment	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	Mental Health	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	Others (specify):				
Children's Aid Society of Ottawa	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"/>
	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):					
Champlain Local Health Integration Network (LHIN)	Personal Support Worker	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	Nursing care	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
CHEO	Psychiatric/Inpatient	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	Outpatient	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	Dual Diagnosis	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	Autism Services	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	Medical Services	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	Social Work	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	Development and Rehabilitation	<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 Mental Health Centre	Camp	<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"/>
	Wraparound	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	Others (specify):				
Ottawa-Carleton Association for Persons with Developmental Disabilities	Lavonne	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	Family Home	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Ottawa Rotary Home	Respite	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Roberts/Smart Centre	Secure	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	Residential (CFI)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	Family & Community Intervention	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	Day Treatment	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	Others (specify):				

Agency	Program	Current	Past	Date	Completed
Roger Neilson House	Respite	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
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):				
Service Coordination des services	Coordinated Service Planning	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	Children's Case Coordination	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Youth Services Bureau of Ottawa	Young Offender Services	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	Counselling	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	Intensive Services	<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"/>
	Others (specify):				
Youturn Youth Support Services	Community Support Team	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	Intensive Support & Supervision	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	On Point & Supporting Families	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	Youth in Transition Worker	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	Next Chapter – Anti-human trafficking	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Others (specify):					
Identify student services or professional support services accessed within the school setting:		<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"/>
		<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"/>

**SUMMARY**

**Please provide a summary that will include the following:**

1. Describe the child/youth and family's current concerns and needs
2. Interventions that have been attempted & Outcomes

**ADDITIONAL REQUEST(S)**

For financial support or services that require funding, please explain (*current service information, family support/intervention, financial and resource availability, previous funding requests, desired outcomes, goals, phasing out plan, etc.*).

*Please note the following information for respite services as well camp or organized activities.*

<b><i>Camps, Organized Activities, information required</i></b>	<b><i>Respite Services, information required</i></b>
<ul style="list-style-type: none"> <li>✓ Camp name, dates and cost.</li> <li>✓ Note that funds are payable to camps, organizations or service providers.</li> <li>✓ Cheques are not mailed to camps or organizations. The funds will be held at the Youth Services Bureau of Ottawa.</li> <li>✓ Coordinated Access requires the original receipt following payment.</li> <li>✓ Cheques are processed between 7-10 business days.</li> </ul>	<ul style="list-style-type: none"> <li>✓ A quote from the respite provider must include dates, length, commencement date &amp; rates.</li> <li>✓ Direct payment is made to organizations or agencies only.</li> <li>✓ If the family wishes to hire a private respite worker, the parent/guardian will need to complete an invoice that must be signed by the worker(s). The parent/guardian will then send the invoice to Coordinated Access for reimbursement.</li> <li>✓ Invoices may be sent weekly, by-weekly or monthly.</li> <li>✓ Cheques are processed between 7-10 business days.</li> </ul>

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Signature of witness)

\_\_\_\_\_  
Date