



NIAGARA CHILDREN'S CENTRE REFERRAL FORM FOR COMMUNITY PARTNERS

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567 Glenridge Avenue, St. Catharines, ON L2T 4C2

**Registered Early Child Care Consultants should use QCCN Referral Form*
** Primary Care Providers to use Primary Care Provider Referral Form *Referral portal available on Centre website if preferred*

Date referral form submitted (DD/MM/YYYY): _____

Section 1: Requester Information

Enter the information about the person sending this referral (NOT the parent / legal guardian).

Requester first and last name (please print): _____

Requester phone: _____ - _____ - _____ Requester email: _____

Requester agency: _____ Requester program and role: _____

Section 2a: Parent/Legal Guardian Contact and Consent

Has a Parent with Custody or Legal Guardian provided consent for this referral(s) and is ready, willing, and able to be involved with the child's services at Niagara Children's Centre?

Yes No *If yes, complete Section 2a. If no, complete Section 2b.*

Parent/Legal Guardian First and Last Name (please print): _____

Relationship to child (mother, father, legal guardian etc.): _____ Primary Phone #: _____ - _____ - _____

Cellphone Number (for text reminders): _____ - _____ - _____ same as primary phone

Address: _____ Email: _____

Section 2b: Parent/Legal Guardian Unavailable to Provide Consent

Select one of the following (call Central Intake if assistance is required):

- The child's current caregiver has attempted but failed to contact the child's parent(s)/legal guardians for consent for the referral(s) and is both eligible and willing to assume the responsibility of making decisions in the best interest of the child with regards to their services at Niagara Children's Centre. The Niagara Children's Centre Difficulty Contacting Legal Guardian for Consent Form for Community Partners Form is completed in full and will be faxed/mailed to Niagara Children's Centre Central Intake within one week
- The child is in the legal care and custody of FACS Niagara. The Niagara Children's Centre CAS Authorization Form for Community Partners has been completed in full and will be faxed/mailed to Niagara Children's Centre Central Intake within one week.
- The child's legal guardian has provided consent for the referral(s) but has authorized another individual to act on his/her behalf or participate in the child's services at Niagara Children's Centre because he/she is not available to do so. The Niagara Children's Centre Authorization Form for Community Partners has been completed in full will be mailed/faxed to Niagara Children's Centre's Central Intake within one week.

Section 3: Child's Information

Child's First and Last Name: _____ Date of Birth (DD/MM/YYYY): _____

Child's address (must be in Niagara): Same as parent/legal guardian Other: _____

Is the child attending child-care? Yes No unknown

Section 4: Services Requested

*Please also refer to SmartStart Hub if you feel further exploratory conversation is needed about the child's development, strengths and needs. All families referred for core services (OT, PT, SLP) will receive referral(s) to appropriate services and access to parent education and support resources

I am making a referral for the following service(s):

SmartStart Hub

- Age 0-18 (19-21 if attending a publically funded school)
- Concerns about the child's development & not sure of developmental support needs, what services to seek or how to access them

And/or

- Parent would benefit from an exploratory discussion about their child's development/strengths/needs, referral(s) to appropriate services and access to parent education and support resources

Birth-School Start Occupational Therapy referral *

Birth-School Start Physiotherapy referral*

Birth-School Start Speech-Language Pathology referral*

Birth-School Start OT/PT/ and or SLP (clear rehabilitation need but unclear as to most suited discipline(s))*

**Age-Specific Referral Checklist must be attached*

**Birth-School Start definition: Before August 31 of the year the child turns 4.*

Section 5: Supporting Information/Documentation (Optional)

Community Partners *may choose* to attach these optional forms to avoid families from having to share their story twice and/or to ensure the Centre receives all the necessary information to enable the highest quality care for the family.

- About My Baby (0-18 months)
 - About My Child (19 months- 21 years)
 - Access and Equity Questionnaire
 - List services child/family is already connected to:
-

Additional comments:

Section 6: Intake Appointment Planning

After this form is submitted and processed, the identified contact (parent with custody or legal guardian unless otherwise specified in separate form) will receive a phone call to **complete an intake**. On this call, we will gather more information to help us determine next steps.

Service is available in English and French. Will the identified contact (parent with custody or legal guardian unless otherwise specified in separate form) need an interpreter for another language on the intake call?

No Yes If Yes, specify parent language spoken including dialect, for an interpreter _____

Will you (the requester) provide assistance during the intake phone call?

NO - they can independently answer questions on the intake call

YES - they will require support from myself to answer questions on the intake call

Section 7: Consent

Staff Member obtaining verbal consent must complete 7a (parent/legal guardian is providing consent) or 7b (parent/legal guardian unavailable to provide consent) and sign at the bottom.

7a: Verbal Consent

I have reviewed and discussed the contents of this Niagara Children's Centre Guide for Obtaining Consent for Information Sharing for Community Partners with the parent/legal guardian and the parent/legal guardian has provided their verbal consent for the following purposes:

- The collection, use and disclosure (sharing) of parent/legal guardian and child's personal health information for the purposes listed in the Consent Form.
- Service referral(s) to Niagara Children's Centre as indicated on this referral form.
- Adding this personal health information to the Ministry of Children, Community, and Social Services database (if applicable) and Niagara Children's Centre electronic health record
- Sharing information between the Niagara Children's Centre and staff at the agency facilitating this referral who are involved in the child's services
- Client/substitute decision maker understands that they may withdraw their consent or limit their consent to the sharing of personal health information as set out in the instructions below. They may also withdraw their consent by notifying Niagara Children's Centre Intake Coordinators in writing. They understand that withdrawal of consent will only apply going forward and not to information that has already been shared.

Consent limitation instructions: _____

