



# Here4Kids Referral Fax Form

Fax to 1-844-4KIDS-FX



Attachments

Child Information (Prenatal/Children under age 6)				
Child's Legal First/Last Name (?)		Date of Birth/Due Date (mm/dd/yyyy)	Age	Gender
Address		City		Postal Code
Confirmed Diagnosis? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Process	What is the Diagnosis?	When Diagnosed? (date/child's age)	Who Diagnosed?	
What are the concerns & goals re: growth & development for this child? (include referral source & parent/legal guardian concerns & goals) (?)				
Family/Contact Information (List contacts that have legal authority to complete referral)				
Parent/Legal Guardian First/Last Name	Relationship	Date of Birth(mm/dd/yyyy)	Contact Number	Alternate Number
Parent/Legal Guardian First/Last Name	Relationship	Date of Birth(mm/dd/yyyy)	Contact Number	Alternate Number
Other First/Last Name	Relationship	Date of Birth(mm/dd/yyyy)	Contact Number	Alternate Number
Child lives with: <input type="checkbox"/> Both Parents(include both parent names on referral) OR <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other(Specify)				
Custody Arrangement (where applicable)		Languages spoken in the home		Interpreter Required? <input type="checkbox"/> Yes <input type="checkbox"/> No

Referral(s) Requesting (Check all that apply)
Services for children residing in Guelph & Wellington County (Growing Great Generations System of Care)
<input type="checkbox"/> Canadian Mental Health Association Waterloo Wellington: <input type="checkbox"/> Children's Mental Health Program 0-6 <input type="checkbox"/> Infant and Child Development Program
<input type="checkbox"/> County of Wellington Children's Early Years Division (NOTE: NOT FOR USE BY Family & Children Services) (How long will child require child care?) <input type="checkbox"/> Less 6 months <input type="checkbox"/> More than 6 months
<input type="checkbox"/> KidsAbility Centre for Child Development: <input type="checkbox"/> Occupational Therapy (OT) <input type="checkbox"/> Physiotherapy (PT) <input type="checkbox"/> Social Work (Only available if referring to OT/PT)
<input type="checkbox"/> WDG Public Health: Healthy Babies Healthy Children Program
<input type="checkbox"/> Wee Talk Preschool Speech & Language Service System
Services for children residing in Dufferin County
<input type="checkbox"/> Dufferin Child & Family Services – Infant and Child Development Program
<input type="checkbox"/> WDG Public Health: Healthy Babies Healthy Children Program
<input type="checkbox"/> Wee Talk Preschool Speech & Language Service System

MANDATORY CONSENT
<b>Parent/Legal Guardian Consent to Referral(s) provided:</b> <input type="checkbox"/> Yes <b>Type of Consent:</b> <input type="checkbox"/> Verbal <input type="checkbox"/> Written

Referral Information		
Original Referring Source	Contact Number	
Contact Name	Contact Fax	Date

\*\*\*Your printed name on this form signifies your signature and acknowledgement that you have reviewed the information contained in this form with the parent/legal guardian and the parent/legal guardian has consented to share this information for the purpose of accessing service(s) within the Dufferin and Wellington County areas.

## Referral Fax Form: Completion Key



<b>Purpose:</b>	<ul style="list-style-type: none"> <li>Child requires a referral listed on the Here4Kids Referral Fax Form</li> <li>Child is <u>0-6 years of age</u> AND <u>lives in Wellington County or Dufferin</u></li> <li>Note: some developmental services will have eligibility criteria that limit referrals to less than 6 years of age. In these cases, Here4Kids will identify alternate resources with parents, and will communicate with referring source when a referral has/has not been completed.</li> </ul>
<b>Consent</b>	<ul style="list-style-type: none"> <li>Consent must be obtained for referral. Child's parent/legal guardian will NOT be contacted to complete the referral process without consent clearly indicated. Attach written consent if obtained.</li> </ul>
<b>Attachments</b>	<ul style="list-style-type: none"> <li>Check if additional reports/notes are attached to referral</li> </ul>
<b>Child's Legal Name</b>	<ul style="list-style-type: none"> <li>Indicate child's legal first name followed by legal last name. If making a prenatal referral indicate name as "prenatal" followed by mother's last name (i.e. Prenatal Smith)</li> </ul>
<b>Diagnosis (Dx)</b>	<ul style="list-style-type: none"> <li>If the child has a medical diagnosis, include diagnosis, the date they were diagnosed and by whom</li> </ul>
<b>Concerns &amp; Goals</b>	<ul style="list-style-type: none"> <li>Describe in detail your concerns for the child and why the referral is being made (developmental concern, developmental delay, family risk)</li> </ul>
<b>Family /Contact Information</b>	<ul style="list-style-type: none"> <li>Indicate parent/legal guardian/other name(s), contact information, and living arrangements. List contacts that have legal authority to complete the referral</li> </ul>
<b>Referral(s) Request</b>	<ul style="list-style-type: none"> <li>Indicate the service(s) to which you are referring the child; as well as services currently involved.</li> </ul>
<b>CMHA: Infant and Child Development Program</b>	<ul style="list-style-type: none"> <li>Child has developmental delay or concern, including children with diagnoses or syndromes, traumatic birth</li> </ul>
<b>CMHA: Children's Mental Health Program</b>	<ul style="list-style-type: none"> <li>Child has mental health concerns including: experienced traumatic events, affect disorder, adjustment reactions, regulatory disorders, sleeping and eating problems, attachment difficulties, social/emotional/behavioural concerns</li> </ul>
<b>County of Wellington Children's Early Years Division</b>	<ul style="list-style-type: none"> <li>A child with or without developmental delay, for whom environmental, biological, psychosocial or familial risk exists that could be supported through a child care program. The child is between the ages of 0-5 and not yet attending school.</li> <li>NOTE: NOT FOR USE BY Family and Children Services</li> </ul>
<b>DCAFS: Infant and Child Development</b>	<ul style="list-style-type: none"> <li>Child has developmental delay or at risk for delay, including children with diagnoses or syndromes, early trauma, traumatic birth</li> </ul>
<b>KidsAbility: Physiotherapy</b>	<ul style="list-style-type: none"> <li>Child has difficulties with movement, balance, coordination, motor planning, or activities such as sitting, crawling, walking, jumping, and using a ball, etc.</li> </ul>
<b>KidsAbility: Occupational Therapy</b>	<ul style="list-style-type: none"> <li>Child has difficulties with self-care and daily routines, response to sensory input, attention to task, feeding and hand, play or social skills</li> </ul>
<b>KidsAbility: Social Work</b>	<ul style="list-style-type: none"> <li>Focus on concerns related to the personal and family impact of raising a child with communication, physical and/or developmental disabilities. Child has to be referred to OT/PT to be eligible.</li> </ul>
<b>WDG Public Health: Healthy Babies, Healthy Children Program</b>	<ul style="list-style-type: none"> <li>For families parenting a child (or children) from birth up to transition to school, where risk factors exist that may challenge positive developmental outcomes.</li> </ul>
<b>Wee Talk Preschool Speech &amp; Language Service System</b>	<ul style="list-style-type: none"> <li>Child has risk factors/delays in speech and language development or presents with difficulties in speaking, understanding language, stuttering, or interacting with others</li> </ul>
<b>Referral Information</b>	<ul style="list-style-type: none"> <li>Indicate your name, agency (if applicable) contact number, contact fax and date of completion</li> </ul>

**Do not return this sheet with referral – For your information only**