

Ottawa Children's Coordinated Access & Referral to Services
Services de références et l'Accès coordonné pour enfants d'Ottawa



2675 Queensview Drive,
Ottawa, Ontario K2B 8K2
Tel.: 613-729-0577 x 251 Fax: 613-288-0426
www.coordinatedaccess.ca

info@coordinatedaccess.ca

2675 promenade Queensview,
Ottawa, Ontario K2B 8K2
Tél.: 613-729-0577 x 251 Téléc.: 613-288-0426
www.accescoordonne.ca



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

When making an application to Coordinated Access and Referral 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/guardian/youth has signed all necessary consent forms including their signature at the end of the application form. **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/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 principles include the following:

- OCCARS is for children and youth ***most in need***.
- OCCARS seeks to arrange the provision of services and supports that are ***flexible and creative to respond effectively to the needs*** of individuals and families.
- The service is founded on best practice research that shows that children are best served ***in their own communities*** wherever possible.
- OCCARS relies on the collaboration of service providers from different systems to develop the ***least intrusive appropriate response*** for families and to ***jointly take responsibility*** for the needs of children and families in their community. We believe that ***collaboration*** improves the opportunities to meet complex needs of children.
- The service plan resolution process ***builds on the strengths*** of families. Families are encouraged and supported to participate in the process.
- All participating organizations are asked to join into the spirit of these principles.

Who refers people to Coordinated Access and Referral to Services?

Professionals from community agencies, schools or mental health services 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 months of July and August for Day Treatment and August for Mental 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 pour enfants et familles d'Ottawa
- Children's Aid Society of Ottawa
- Children's Hospital of Eastern Ontario
- Christian Horizons
- Crossroads Children's Centre
- Ottawa Carleton Association for Persons With Developmental Disabilities
- Ottawa Catholic School Board
- Ottawa Carleton District School Board
- Ottawa Children's Treatment Centre
- Ottawa Rotary Home
- Roberts/Smart Centre
- Royal Ottawa Hospital
- Service Coordination des Services
- Youth Services Bureau of Ottawa

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 refusal of services made 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:

**Mental Health/
Developmental Sector**
Cathy Lonergan
2675 Queensview Drive
Ottawa, Ontario
K2B 8K2

Day Treatment
Caroline Vinette-Arseneau
2675 Queensview Drive
Ottawa, Ontario
K2B 8K2

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, residential placement 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. They are,

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.

Respite Services offered by Terrace Youth Residential Services:

If you are receiving respite services through OCCARS they may be provided by Terrace Youth Residential Services Inc. These respite services are being provided to you and your child within your home or in the community, but cannot be provided for overnight periods. The goal of respite services is to provide your family with some time to rest.

What you can expect:

- Terrace youth will contact you directly to schedule an initial meeting to discuss your respite needs, determine a match between a worker and your child and determine a list of activities that are appropriate for everyone.
- You can expect to always be informed of the whereabouts of your child during respite visits.
- You will be given a contact number in order to reach your child during respite visits in case of emergency.
- Any cancelled visits will not be rescheduled or carried over to a different date.

How to make a complaint about the respite services:

- Please contact Shelley Deriger your respite Coordinator at (613) 720-5083
- You may also contact Ottawa Children's Coordinated Access and Referral to Services at (613) 729-0577 ext. 1212.

*All complaints will be responded to within two working days.

Appeal Process:

If you wish to appeal the recommendations made by the committee, you must notify the manager of Ottawa Children's Coordinated Access and Referral to Services of your intent to appeal. The parent or guardian is responsible to communicate the intent to appeal not the service provider. Appeals are only granted when the request is based on the committee's refusal of services (appeals based on a preferred program/service will not be considered since there is no entitlement to service choice). The manager will ensure that the committee reconvenes within 14 working days (of the notice of appeal) to consider your concerns. If the committee is unable to resolve the matter and/or you remain dissatisfied, the manager will forward the appeal to the OCCARS Steering Committee within 30 days in an attempt to come to a mutually satisfactory recommendation. The Steering committee conducts administrative appeals to ensure the process was respected. The Steering Committee appeal is not a review of the recommendations.



Application Form, Mental Health

Please note that, if all documentation and 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)
- Ottawa Children's Coordinated Access and Referral to Services Application Form (12 pages)
- Psychological Assessment (whenever possible)
- BCFPI: Brief Child Family Phone Interview (if available)
- Social History, Social Work (if available)

FOR INFORMATION ONLY

A copy of the complete file, including this copy, need to be send by mail or fax 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*

PS: The responsibility of presenting the file/case to the Coordinated Access and Referral's 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, example: other agency, family members, doctors, specialists, psychiatrists, etc.

Ottawa Children's Coordinated Access & Referral to Services
Services de références et l'Accès coordonné pour enfants d'Ottawa



2675 Queensview Drive,
Ottawa, Ontario K2B 8K2
Tel.: 613-729-0577 x 251 Fax: 613-288-0426
www.coordinateaccess.ca

info@coordinateaccess.ca

2675 promenade Queensview,
Ottawa, Ontario K2B 8K2
Tél.: 613-729-0577 x 251 Téléc.: 613-288-0426
www.accescoordonne.ca



**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) _____, (D.O.B. mm/dd/yy) ____/____/____

OR,

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

I, (last & first name of client) _____, (D.O.B. mm/dd/yy) ____/____/____

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:

Check appropriate items:

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

Ottawa Children's Coordinated Access & Referral to Services
 Services de références et l'Accès coordonné pour enfants d'Ottawa



2675 Queensview Drive,
 Ottawa, Ontario K2B 8K2
 Tel.: 613-729-0577 x 251 Fax: 613-288-0426
 www.coordinateaccess.ca

info@coordinatedaccess.ca

2675 promenade Queensview,
 Ottawa, Ontario K2B 8K2
 Tél.: 613-729-0577 x 251 Téléc.: 613-288-0426
 www.accescoordonne.ca



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 and 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) _____, (D.O.B. mm/dd/yy) _____/_____/_____

OR,

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

I, (last & first name of client) _____, (D.O.B. mm/dd/yy) _____/_____/_____ hereby consent to receive case resolution / referral services from the Ottawa Children's Coordinated Access and Referral to Services

- ▶ 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 any restriction in regards to an agency's participation.
- ▶ I understand that all the information provided to the Ottawa Children's Coordinated Access and Referral to Services 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.

PLEASE SPECIFICALLY IDENTIFY ANY RESTRICTIONS

- Centre psychosocial pour enfants et familles d'Ottawa **Restrictions** : _____
- Children's Aid Society of Ottawa **Restrictions**: _____
- Children's Hospital of Eastern Ontario **Restrictions**: _____
- Crossroads Children's Centre **Restrictions**: _____
- Eastern Ontario Young Offender Services – Probation Services **Restrictions**: _____
- Ministry of Children & Youth Services **Restrictions**: _____
- Ministry of Community and Social Services **Restrictions**: _____
- Ottawa Catholic School Board **Restrictions**: _____
- Ottawa Carleton District School Board **Restrictions**: _____
- M.F. McHugh **Restrictions**: _____
- Roberts/Smart Centre **Restrictions**: _____
- Royal Ottawa Mental Health Centre **Restrictions**: _____
- Youth Services Bureau of Ottawa **Restrictions**: _____

 (Signature of client, if applicable)

 Date

 (Signature of parent/guardian)

 Date

 (Signature of Witness)

 Date

Ottawa Children's Coordinated Access & Referral to Services
Services de références et l'Accès coordonné pour enfants d'Ottawa



2675 Queensview Drive,
Ottawa, Ontario K2B 8K2
Tél.: 613-729-0577 x 251 Fax: 613-288-0426
www.coordinateaccess.ca

info@coordinateaccess.ca

2675 promenade Queensview,
Ottawa, Ontario K2B 8K2
Tél.: 613-729-0577 x 251 Téléc.: 613-288-0426
www.accescoordonne.ca



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 Ottawa Children's Coordinated Access and Referral to Services 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

SUBMITTING AGENCY			
PRESENTERS			
NAME:	ROLE:	TELEPHONE:	E-MAIL:
		() -	
		() -	
		() -	
SERVICE REQUESTED			

Child's name			
Gender	M <input type="checkbox"/> F <input type="checkbox"/> Other <input type="checkbox"/>		
Date of birth (m/d/y)		Age:	
Child's school		Grade:	
Legal guardian			
Parent's name		M <input type="checkbox"/> F <input type="checkbox"/> Other <input type="checkbox"/>	
Address			
Telephone	Home	() -	
	Work	() -	
Parent's name		M <input type="checkbox"/> F <input type="checkbox"/> Other <input type="checkbox"/>	
Address			
Telephone	Home	() -	
	Work	() -	
Primary language	English <input type="checkbox"/> French <input type="checkbox"/> Other <input type="checkbox"/> Specify :		
Siblings	Name	Date of birth	School

Health concerns			
Family physician	Name		
	Telephone	() -	
Specialist (s)	Name	Specialty	Telephone
			() -
			() -
			() -
			() -
Medication			

DEMOGRAPHIC INFORMATION

CLIENT (LEGAL CUSTODY)

- Parental
- Parental Joint Custody
- Parental (Single Parent); identify parent: _____
- Children’s Aid Society – Crown Ward
- Children’s Aid Society – Society or Temporary Ward
- Children’s Aid Society – Temporary Care Agreement
- Independent
- Kinship Care
- Other; specify: _____

CLIENT’S CURRENT LIVING SETTING:

- Family Natural Extended Adopted
- Foster Home
- 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 Male Female
- Two Adult Caregivers
- Independent
- Unknown
- Other

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?

- \$0 - \$9,999 \$30,000 - \$39,999
- \$10,000 - \$14,999 \$40,000 - \$49,999
- \$15,000 - \$19,999 \$50,000 - \$59,999
- \$20,000 - \$29,999 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).

- Black (i.e. Africa, Canada, United States, West India)
- South Asian (i.e. Bangladesh, India, Pakistan, Sri Lanka)
- Asian (i.e. China, Fiji, Japan, Korea, Polynesia)
- West Asian (i.e. Arabia, Armenia, Egypt, Iran, North Africa)
- Latin or Mediterranean (i.e. Latin America, Spain, Portugal)
- Caucasian (i.e. White of European ancestry or descent)
- Aboriginal (i.e. North America native, Inuit)
- Other (i.e. Australian Aboriginal, Central and South American Aboriginal)
- Unknown

CLIENT’S PLACE OF BIRTH:

- Canada
- Other (length of time in Canada) _____
- Refugee status

YOUNG OFFENDER HISTORY:

- N/A
- No previous young offender history, no current offender status - charges pending
- Previous young offender status
- Current young offender status
- Unknown

CURRENT AND PRIOR DISPOSITIONS:

- YOA Service
- Alternative Measures
- Probation
- Open Custody
- Secure Custody

SCHOOL STATUS:

Does the client currently have a school placement?

- Yes, regular class placement
- Yes, special education placement; specify: _____
- Yes, school support; specify: _____
- Yes, other
- No: specify _____
- Unknown

Does client currently attend school?

- Yes
- No, expelled
- No
- No, suspended
- Unknown
- On waiting list for: _____

CURRENT PRIMARY PRESENTING PROBLEMS AREAS:

Check category that apply; choose as many as apply.

<p>School and Learning</p> <input type="checkbox"/> Truancy <input type="checkbox"/> School Phobia <input type="checkbox"/> Academic under Achievement <input type="checkbox"/> Learning Problems <input type="checkbox"/> Specific Learning Disability	<p>Victimization</p> <input type="checkbox"/> Sexual Abuse <input type="checkbox"/> Physical Abuse <input type="checkbox"/> Emotional Abuse <input type="checkbox"/> Reported Abuse; to: _____ By whom: _____ <input type="checkbox"/> Bullying/Threat <input type="checkbox"/> Witness of abuse <input type="checkbox"/> Neglect																																															
<p>Disruptive Behavior</p> <input type="checkbox"/> Hostility with Aggression <input type="checkbox"/> Hostility without Aggression <input type="checkbox"/> Running <input type="checkbox"/> Fire Setting <input type="checkbox"/> Stealing <input type="checkbox"/> Destruction of Property <input type="checkbox"/> Sexual Acting Out <input type="checkbox"/> Substance Abuse <input type="checkbox"/> Defiance <input type="checkbox"/> Problems with Self Control <input type="checkbox"/> Bullying <input type="checkbox"/> Sleep Disturbances	<p>Psychiatric Disorder: <u>check only those that have been diagnosed by a qualified professional and identify the diagnosing professional</u></p> <table border="1" data-bbox="716 695 1492 1310"> <thead> <tr> <th></th> <th>By Whom?</th> <th>When?</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/> Attention Deficit Disorder</td><td></td><td></td></tr> <tr><td><input type="checkbox"/> Attention Deficit Disorder with Hyperactivity</td><td></td><td></td></tr> <tr><td><input type="checkbox"/> Attachment Disorder</td><td></td><td></td></tr> <tr><td><input type="checkbox"/> Adjustment Disorder</td><td></td><td></td></tr> <tr><td><input type="checkbox"/> Communication Disorder</td><td></td><td></td></tr> <tr><td><input type="checkbox"/> Depression</td><td></td><td></td></tr> <tr><td><input type="checkbox"/> Anxiety</td><td></td><td></td></tr> <tr><td><input type="checkbox"/> Obsessive Compulsive Disorder</td><td></td><td></td></tr> <tr><td><input type="checkbox"/> Bipolar</td><td></td><td></td></tr> <tr><td><input type="checkbox"/> Tourette Syndrome</td><td></td><td></td></tr> <tr><td><input type="checkbox"/> Conduct Disorder</td><td></td><td></td></tr> <tr><td><input type="checkbox"/> Oppositional Defiant Disorder</td><td></td><td></td></tr> <tr><td><input type="checkbox"/> ASD; specify: _____</td><td></td><td></td></tr> <tr><td><input type="checkbox"/> Other; specify: _____</td><td></td><td></td></tr> </tbody> </table>				By Whom?	When?	<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			<input type="checkbox"/> Obsessive Compulsive Disorder			<input type="checkbox"/> Bipolar			<input type="checkbox"/> Tourette Syndrome			<input type="checkbox"/> Conduct Disorder			<input type="checkbox"/> Oppositional Defiant Disorder			<input type="checkbox"/> ASD; specify: _____			<input type="checkbox"/> Other; specify: _____		
	By Whom?	When?																																														
<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																																																
<input type="checkbox"/> Obsessive Compulsive Disorder																																																
<input type="checkbox"/> Bipolar																																																
<input type="checkbox"/> Tourette Syndrome																																																
<input type="checkbox"/> Conduct Disorder																																																
<input type="checkbox"/> Oppositional Defiant Disorder																																																
<input type="checkbox"/> ASD; specify: _____																																																
<input type="checkbox"/> Other; specify: _____																																																
<p>Intellectual/Adaptive/Functional</p> <input type="checkbox"/> Deficits in Intellectual Function <input type="checkbox"/> Deficits in Life Skills <input type="checkbox"/> Development Delay	<p>Social Withdraw</p> <input type="checkbox"/> Lack of Peer Friendships <input type="checkbox"/> Lack of Adult Relationships <input type="checkbox"/> Social Isolation																																															
<p>Family Issues/Concerns/Dynamics</p> <input type="checkbox"/> Lack of Family Support to Provide Care <input type="checkbox"/> Family Conflict/Distress <input type="checkbox"/> Parent/Child Conflict <input type="checkbox"/> Family Break-up <input type="checkbox"/> Substance Abuse <input type="checkbox"/> Physical or Mental Health Issues <input type="checkbox"/> Other; Specify: _____	<p>Physical/Sensory Status</p> <input type="checkbox"/> Neurological or Severe Brain Damage <input type="checkbox"/> Enuresis <input type="checkbox"/> Encopresis <input type="checkbox"/> Sensory Deficits/Disorders <input type="checkbox"/> Psycho-Physiological <input type="checkbox"/> Physical Disability																																															
<p>Thought/Perception/Mood Disturbances</p> <input type="checkbox"/> Disturbances in Thought Process <input type="checkbox"/> Anxiety <input type="checkbox"/> Continued Excited Mood <input type="checkbox"/> Depression	<input type="checkbox"/> Labile Mood <input type="checkbox"/> Self Harm <input type="checkbox"/> Suicidal Ideation <input type="checkbox"/> Suicidal Gestures																																															

SERVICE HISTORY:

(Select all those that apply. Please provide outcome of services in the summary on page 12)

Agency	Program	Current	Past	Date	Completed (Y/N)
Children's Aid Society	Group Care				
	Foster Care				
	Parent Model Home				
	Day Treatment				
	Others (specify):				
Roberts/Smart Centre	Crisis	N/A			
	Secure				
	(Mental Health) CFI				
	YOA				
	Day Treatment				
	Others (specify):				
Youth Services Bureau	Young Offender Services				
	Counselling				
	Intensive Services (MST)				
	Community Program				
	Mobile Crisis				
	Wraparound				
	Day Treatment				
	Residential Crisis Unit				
	SFI (Parenting Group)				
	Others (specify):				
Royal Ottawa Health Care Group	Residential Cottages				
	Outpatient Services				
	Inpatient Services				
	Day Treatment				
	Others (specify):				
Children's Hospital of Eastern Ontario	Psychiatric/Inpatient				
	Outpatient				
	Day Treatment				
	Others (specify):				
Crossroads Children's Centre	Residential	N/A			
	Respite				
	Intensive Services				
	Home Based				
	Under 6 Program				
	Day Treatment				
Others (specify):					
Addiction Services	David Smith Centre				
	Rideau Wood				
	Maison Fraternité				
	Sandy Hill				
	Others (specify):				
Centre psychosocial pour enfants et familles d'Ottawa	Intensive Services				
	Day Treatment				
	Residential	N/A			
	Mental Health				
	Others (specify):				

Others (specify):				
-------------------	--	--	--	--

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. Request being made to Ottawa Children's Coordinated Access and Referral to Services

(Signature of worker)

Date

(Signature of parent/guardian)

Date

(Signature of client)

Date

