

## Subsequent Request(s)

**Please note that consent forms are valid for a period of 6 months. Please ensure to complete the attached consent forms if your initial submitted application exceeds 6 months. Subsequent request(s) will be considered (without a new application) if the initial application has been submitted within the last 12-18 months.**

**\*Coordinated Access reserves the right to request a new application at any time if the child/youth or family circumstances have changed significantly since the initial application.**

- 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)  
\*If no longer valid
- Parent/guardian Information Guide has been reviewed with and giving to parent/guardian
- The initial application has submitted to Coordinated Access in the past 12-18 months.
- Updated summary and request(s) completed below.
- Financial request(s) include all necessary information (i.e. camp name, dates, cost, quotes, etc.).
- Respite request(s) include all necessary information (i.e. quote from the respite provider must include dates, length, commencement date & rates).

Please send the request, 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)

**SUBSEQUENT REQUEST(S)**

Date of request:	Request prepared by:	
Agency/Organization:	Position:	
Telephone: (      ) -      ext.:	Email:	
Child/youth:	Case Code:	D.O.B.:

**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.

**Request being made to Coordinated Access:**
 Financial

 Other (i.e. referral to services)

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

## 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	
 <input type="checkbox"/> 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.
  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