

Fax to 613-545-3557 Questions? Call 613-544-3400 x 3175 or Toll Free: 1-855-544-3400 ext. 3175

Service Providers please note: Referrals will not be processed without **CSP Status Screen** AND **Consent to Share Information** (if applicable)
Families: please disregard. We will assist you with this step.

A. Referral Source Information: (This form may be completed by family or service provider.)	
Today's Date (dd/mm/yyyy):	
Name (Referring Individual):	
Agency/Organization (If you are a Service Provider):	
Contact Phone #:	Alternate #:
Reason CSP is being requested:	
Are you the legal guardian? Y <input type="checkbox"/> N <input type="checkbox"/> If No, have Parents/Guardians consented to this referral? Y <input type="checkbox"/> N <input type="checkbox"/>	
Family lives in: Lanark County <input type="checkbox"/> Leeds & Grenville <input type="checkbox"/> Kingston, Frontenac, Lennox & Addington <input type="checkbox"/>	

B. Child / Youth Information:	
Last Name:	First Name:
Date of Birth (dd/mm/yyyy):	Address:
	City: Postal Code:
Parent/Guardian Name #1:	
Legal Guardian: Y <input type="checkbox"/> N <input type="checkbox"/> Living With Child: Y <input type="checkbox"/> N <input type="checkbox"/>	Relationship:
Address: Same as Child/Youth <input type="checkbox"/>	City: Postal Code:
Check Preferred # <input type="checkbox"/> Home #: <input type="checkbox"/> Cell #: <input type="checkbox"/> Work #: <input type="checkbox"/>	
Parent/Guardian Name #2:	
Legal Guardian: Y <input type="checkbox"/> N <input type="checkbox"/> Living With Child: Y <input type="checkbox"/> N <input type="checkbox"/>	Relationship:
Address: Same as Child/Youth <input type="checkbox"/>	City: Postal Code:
Check Preferred # <input type="checkbox"/> Home #: <input type="checkbox"/> Cell #: <input type="checkbox"/> Work #: <input type="checkbox"/>	
Custody Arrangements (if applicable): Joint <input type="checkbox"/> Sole <input type="checkbox"/> No Agreement <input type="checkbox"/> Formal Agreement <input type="checkbox"/> Family & Children Services <input type="checkbox"/>	
Comments/Details:	

C. Additional Information (Voluntary):	
Self-Identification: Francophone <input type="checkbox"/> First Nations <input type="checkbox"/> Metis <input type="checkbox"/> Inuit <input type="checkbox"/>	
Language(s) Spoken:	Interpreter Required: Y <input type="checkbox"/> N <input type="checkbox"/>

D. Who else is working with the child/youth? (Include family doctor, health care specialists, school, child care, etc.)		
Service Name	Contact Name & Phone #	Active (A) or Waiting (W)