

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 the **Child & Family Review 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)

CHILD AND FAMILY REVIEW for Coordinated Service Planning

EXTERNAL REFERRAL VERSION

CORE INFORMATION

Client Name:		DOB: DD/MM/YYYY
Date of Assessment: _____ D D/MM/YYYY	Completed by:	
Completed with:		
Notes:		

CHILD/YOUTH COMPLEXITY

Item	Rating	Ranking Definitions
1. PHYSICAL/MEDICAL This rating describes both health problems and chronic/acute physical conditions. This rating refers to conditions such as epilepsy, asthma, diabetes and any other medical condition. (CANS –Multisystem Assessment (5+) Burlington-#20)	-	0. Child/youth is physically healthy. There is no reason to believe that the child has any medical or physical problems. 1. Mild or well-managed physical/medical problems (i.e. well controlled epilepsy or recently healed or healing injury). This would also include well-managed chronic conditions like juvenile diabetes or asthma. 2. Poorly or well-managed physical condition of moderate medical problems that cause ongoing pain or impair or present risk to physical functioning 3. Severe, life threatening physical or medical problems
COMMENTS		
2. DEVELOPMENTAL This item compares the child's progress to standard developmental milestones such as communication, including receptive and expressive language; ambulating, including walking and moving with assistive devices; toileting, and social interactions with peers and adults. (CANS-NY 6-21 #87)	-	0. Child has no known delay in development 1. Child is suspected of having, or is known to have a mild delay in development. 2. Child has a moderate delay in development. 3. Child has a severe delay in development.
COMMENTS		
3. TREATMENT NEEDS This rating describes the intensity of the treatment needed to address the problems, risk behaviours, and functioning of the child or youth. (CANS-CCC 7-17 - #46)	-	0. Child has no behavioural/physical/medical treatment needs to be administered by the parent/primary caregiver. 1. Child requires weekly behavioural/physical/medical treatment by the parent/primary caregiver. 2. Child requires daily behavioural/physical/medical treatment by the parent/primary caregiver. This would include ensuring the child takes daily medication. 3. Child requires multiple and complex daily behavioural/physical/medical treatments by the parent/primary caregiver (complicated treatment cases).
COMMENTS		

<p>4. MOTOR FUNCTIONING. This item describes the child's fine (e.g. hand grasping and manipulation) and gross (e.g. walking, running) motor functioning. (CANS-NY- #87-D)</p>	-	<p>0. No evidence of problems with motor functioning.</p> <ol style="list-style-type: none"> 1. Mild fine or gross motor skill deficits. 2. Moderate motor deficits. A non-ambulatory child with fine motor skills or an ambulatory child with significant fine motor deficits or a child who meets criteria for a motor disorder would be rated here. 3. Severe motor deficits. A non-ambulatory child with fine motor skill deficits is rated here.
COMMENTS		
<p>5. DIAGNOSTIC CLARITY This item describes the current complexity of the child's diagnosis and treatment protocol. (CANS-CCC 7-17 - #45)</p>	-	<p>0. The child's medical diagnoses are clear and there is no doubt as to the correct diagnoses. Symptom presentation is clear.</p> <ol style="list-style-type: none"> 1. Although there is some confidence in the accuracy of child's diagnoses, there also exists sufficient complexity in the child's symptom presentation to raise concerns that the diagnoses may not be accurate. 2. There is substantial concern about the accuracy of the child's medical diagnoses due to the complexity of symptom presentation. 3. It is currently not possible to accurately diagnose the child's medical condition(s)
COMMENTS		
<p>6. AGGRESSION This item describes the child/adolescent's behaviour that is dangerous to others. (CANS DP-ASP 2015 - #45)</p>	-	<p>0. No evidence that the child/adolescent is aggressive beyond normal developmental expectations.</p> <ol style="list-style-type: none"> 1. Child/adolescent has a history of aggressive behaviour that has hurt others or child/adolescent engages in somewhat elevated levels of aggression relative to normal developmental expectations. 2. Child/adolescent engages in aggressive behaviour that places other at risk of injury. 3. Child/adolescent engages in frequent and/or severe aggressive behaviour that places others at risk of injury requiring medical attention.
COMMENTS		
<p>7. SELF-INJURIOUS BEHAVIOUR This rating is used for any intentional self-harming behaviour (e.g., head banging, biting) that does not have a suicidal intent. A rating of 3 indicates need for a safety plan. (CANS DP-ASP 2015 - #46)</p>	-	<p>0. No history of self-injurious behaviour.</p> <ol style="list-style-type: none"> 1. A history of self-injurious behaviour but none within the past 30 days or minor self-injuring behaviour (i.e., scratching) in the last 30 days that does not require any medical attention. 2. Moderate self-injurious behaviour in the last 30 days requiring medical assessment (cutting, burns, piercing skin with sharp objects, repeated head banging) that has potential to cause safety risk to child/adolescent. 3. One or more incidents of self-injurious behaviour in the last 30 days requiring medical intervention (e.g., sutures, surgery) and that is significant enough to put child/adolescent's health at risk.
COMMENTS		
<p>8. FLIGHT RISK This rating refers to any planned or impulsive running or "bolting" behaviour that presents a</p>	-	<p>0. This rating is for a child/adolescent with no history of running away or bolting and no ideation involving escaping from the present living situation.</p>

<p>risk to the safety of the child/adolescent. Factors to consider in determining level of risk include age of child/ adolescent, frequency and duration of escape episodes, timing and context, and other risky activities while running. (CANS DP-ASP 2015 - #48)</p>		<ol style="list-style-type: none"> 1. This rating is for a child/adolescent with a history of running away but none in the past month, or a child/adolescent who expresses ideation about escaping present living situation or has threatened to run. A child who bolts occasionally might be rated here. 2. This rating is for a child/adolescent that has engaged in escape behaviours during the past 30 days. Repeated bolting would be rated here. 3. This rating is for a child/adolescent who has engaged in escape behaviours that places the safety of the child/adolescent at significant risk.
<p>COMMENTS</p>		
<p>9. SELF-CARE ACTIVITIES OF DAILY LIVING This item rates the ability of the child to perform the self-care activities of daily living, such as personal hygiene, obtaining and eating food, dressing, avoiding injury. (CANS-NY 6-21 #89)</p>	-	<ol style="list-style-type: none"> 0. No evidence of problems with self-care activities of daily living. Child is fully independent across these areas, as developmentally appropriate. 1. Mild problems with self-care activities of daily living. Child is generally good with self-care activities but may require some adult support to complete some specific developmentally appropriate activities. 2. Moderate problems with self-care activities of daily living. Child has difficulties with developmentally appropriate self-care activities. 3. Severe problems with self-care activities of daily living. Child requires significant and consistent adult support to complete developmentally appropriate self-care activities.
<p>COMMENTS</p>		
<p>10. SCHOOL ATTENDANCE This item describes the child/adolescent's attendance at school and/or in therapy. (CANS-DP-ASP 2015 - #10)</p>	-	<ol style="list-style-type: none"> 0. No evidence of attendance problems. Child/adolescent attends regularly. 1. Child/adolescent has some problems with attendance, although he/she generally goes to school and/or therapy. He/she may have one or two excused absences per month. 2. Child/adolescent is currently having problems with attendance. He/she may have one or two unexcused absences in a month. 3. Child/adolescent is missing school and/or therapy on a weekly basis or more, whether excused or unexcused.
<p>COMMENTS</p>		
<p>11. TRANSITIONS This item rates the ability of the child/youth to anticipate, plan, and adapt to global transition phases (e.g., preschool to elementary school; elementary school to secondary school; secondary school to vocational setting) or transition events in one's life (e.g., relocations, births of siblings, marriages/deaths in the family). (CANS-CCC 7-17 - #51)</p>	-	<ol style="list-style-type: none"> 0. No evidence of problems with transitions. The child/youth experiences global transitions/events without difficulty. 1. Mild problems with transitions. The child/youth is generally good with global transitions/events but may experience some difficulties without support. 2. Moderate problems with transitions. The child/youth has exhibited difficulty with global transitions/events atypical of developmental level. 3. Severe problems with transitions. Global changes are very disrupting and can be very disabling for the child/youth.
<p>COMMENTS</p>		

FAMILY COMPLEXITY

<p>1. FAMILY STRESS / FAMILY FUNCTIONING This item reflects the degree of stress or burden experienced by the family as a result of the individual's needs (CANS-DP-ASP 2015 - #53)</p>	-	<p>0. Family is able to manage the stress of child/adolescent's needs.</p> <p>1. Family has some problems managing the stress of child/adolescent's needs.</p> <p>2. Family has notable problems managing the stress of child/adolescent's needs. This stress interferes with the functioning of the family.</p> <p>3. Family is unable to manage the stress associated with child/adolescent's needs. This stress creates severe problems of family functioning.</p>
COMMENTS		
<p>2. PARENT RESOURCEFULNESS This item refers to the parents'/caregivers' ability to recognize their environmental strengths and apply them to support a healthy development for their child. This includes ways of getting their needs met in a positive manner. Examples include: accessing community and other resources for self, the child, or the family. (CANS-DP-ASP 2015 - #59)</p>	-	<p>0. Parents/Caregivers are quite skilled at finding and using the necessary resources required to aid child in managing challenges.</p> <p>1. Parents/Caregivers have some skills in finding and using necessary resources required to aid child's healthy lifestyle, but sometimes requires assistance at identifying or accessing these resources.</p> <p>2. Parents/Caregivers have limited skills at finding necessary resources required to aid child in achieving a healthy lifestyle and require temporary assistance both with identifying and accessing these resources.</p> <p>3. Parents/Caregivers have no skills at finding the necessary resources to aid child in achieving a healthy lifestyle and require ongoing assistance both with identifying and accessing these resources.</p>
COMMENTS		
<p>3. SLEEPING This item describes whether or not the child/adolescent gets a full night's sleep consistently or is sleeping too much. It is intended to reflect whether the child/adolescent goes to sleep easily, stays asleep during the night and wakes up easily in the morning. CANS –DP-ASP 2015 - #5</p>	-	<p>0. Child/adolescent gets a full night's sleep each night.</p> <p>1. Child/adolescent has some problems sleeping. Generally, child/adolescent gets a full night's sleep but at least once a week problems arise.</p> <p>2. Child/adolescent is having problems with sleep. Sleep problems are interfering with functioning in at least one other life domain.</p> <p>3. Child/adolescent is experiencing significant sleep problems that result in sleep deprivation. Sleep problems are disabling.</p>
COMMENTS		
<p>4. PHYSICAL / BEHAVIOURAL HEALTH Physical and behavioural health includes medical, physical, and mental health, and substance abuse challenges currently faced by the caregiver(s). CANS –DP-ASP 2015 - #52</p>	-	<p>0. Caregiver(s) has no health limitations that impact assistance or care of child/adolescent.</p> <p>1. Caregiver(s) has some health limitations that interfere with provision of assistance or care to child/adolescent.</p> <p>2. Caregiver(s) has significant health limitations that prevent them from being able to provide some of needed assistance or make care of child/adolescent difficult.</p> <p>3. Caregiver(s) is physically or mentally unable to provide any needed assistance or care for child/adolescent.</p>
COMMENTS		
<p>5. RESIDENTIAL STABILITY</p>	-	<p>0. Parent(s)/Caregiver(s) and child/adolescent have stable housing for the foreseeable future.</p>

<p>This dimension rates the parent/caregiver's current and likely future housing circumstances. CANS –DP-ASP 2015 - #56</p>		<ol style="list-style-type: none"> 1. Parent(s)/Caregiver(s) and child/adolescent are currently in stable housing but have either moved in the past three months or there are significant risks of housing disruption (e.g., loss of job, change in foster / group homes) 2. Parent(s)/Caregiver(s) and child/adolescent have moved multiple times in the past year or current housing is unstable. 3. Parent(s)/Caregiver(s) and child/adolescent are currently homeless or have experienced periods of homelessness in the past six months and current housing remains unstable.
<p>COMMENTS</p>		
<p>6. FINANCIAL RESOURCES This rating refers to the financial assistance that the parent(s)/caregiver(s) have knowledge of and their ability to access funding they are eligible for within their region. (receiving social assistance rated a 2) CANS –DP-ASP 2015 - #57</p>	-	<ol style="list-style-type: none"> 0. Parent(s)/Caregiver(s) are aware of and/or receive all funding assistance they are eligible for. 1. Parent(s)/Caregiver(s) are receiving some funding and/ or have some knowledge of financial resources available to them but require assistance in accessing the funding. 2. Parent(s)/Caregiver(s) have limited knowledge of financial aids available to them and need assistance navigating the system and/ or may be receiving some limited amount of funding. 3. Parent(s)/Caregiver(s) have severely limited knowledge of financial aids available to them and are not receiving any funding.
<p>COMMENTS</p>		

PARENT ISOLATION

<p>1. LANGUAGE This item rates the level of need regarding the parent's/caregiver's ability to understand and communicate with others in the predominant language of service delivery. Please rate the highest level from the past 30 days. CANS –DP-ASP 2015 - #11</p>	-	<ol style="list-style-type: none"> 0. No evidence of language representing a barrier to service. 1. Language barriers represent a potential risk to service delivery. 2. Language barriers interfere significantly to service delivery. 3. Language barriers currently prevent effective service delivery.
<p>COMMENTS</p>		
<p>2. CULTURAL STRESS Culture stress refers to experiences and feelings of discomfort and/or distress arising from friction (real or perceived) between an individual's own cultural identity and the predominant culture in which he/she lives. This includes age, gender, ethnicity, physical disability, sexual orientation, and the culture of having a child/adolescent with autism with challenging behaviours. CANS –DP-ASP 2015 - #51</p>	-	<ol style="list-style-type: none"> 0. No evidence of stress between child/adolescent or the family's cultural identify and current living situation. 1. Some mild or occasional stress resulting from friction between the child/adolescent or the family's cultural identify and his/her current living situation. 2. Child/adolescent or family is experiencing cultural stress that is causing problems of functioning in at least one life domain. 3. Child/adolescent or family is experiencing a high level of cultural stress that is making functioning in any life domain difficult under the present circumstances.
<p>COMMENTS</p>		
<p>3. NATURAL SUPPORTS This item refers to unpaid others who help out the parents/caregivers in times of need. CANS –DP-ASP 2015 - #58</p>	-	<ol style="list-style-type: none"> 0. Parent(s)/Caregiver(s) have significant natural supports. Multiple friends and neighbors routinely provide support for the family. 1. Parent(s)/Caregiver(s) have some natural supports. Unpaid others will help out in times of need.

		<ol style="list-style-type: none"> 2. Parent(s)/Caregiver(s) have friends and neighbors but it is not known whether they would be willing to help. 3. Parent(s)/Caregiver(s) have no natural supports.
COMMENTS		

SYSTEM CHALLENGES

1. TRANSPORTATION This rating reflects the level of unmet transportation needs that are required to ensure that the child/adolescent could effectively participate in his/her own treatment. CANS –DP-ASP 2015 - #60	-	<ol style="list-style-type: none"> 0. Child/adolescent has no unmet transportation needs. 1. Child/adolescent has occasional transportation needs (e.g. appointments) but access to appropriate transportation is a challenge. These needs would be no more than weekly and not require a special vehicle. Child/adolescent with a parent(s)/caregiver(s) who needs transportation assistance to visit a child would be rated here. 2. Child/adolescent has either occasional transportation needs that require a special vehicle or frequent transportation needs (e.g. daily) that do not require a special vehicle but access to transportation is difficult. 3. Child/adolescent requires frequent (e.g. daily) transportation in a special vehicle and access to appropriate transportation is difficult
COMMENTS		

2. COORDINATION OF CARE / COMMUNICATION This rating describes the degree of existing barriers in the coordination of care and communication (verbal and written) between the system partners. (CANS-CCC 7-17 - #50)	-	<ol style="list-style-type: none"> 0. No concerns around coordination of care or communication. There appears to be effective coordination of care and good communication among system partners. 1. Limited or mild barriers to coordination of care and communication. This may include such challenges as difficulty in contacting partners, delays in obtaining responses from various partner requests etc. 2. Virtually no coordination of care and communication between system partners which is interfering with the ability to provide adequate care. This may include such challenges as the family has to recount their story multiple times to system partners; there is an absence of communication across system partners etc. 3. Coordination of care and communication are preventing adequate care. This may include such challenges as partners working at cross purposes, serious errors in documentation or other errors in communication etc.
COMMENTS		

3. ACCESS TO SERVICES This item includes any challenges to access including financial and wait lists (CANS-CCC 0 to6 #34 or CCC 7to17 #49)	-	<ol style="list-style-type: none"> 0. Family has complete and timely access to all needed services. 1. Family has access to most needed services but may be waitlisted for some services. 2. Family has limited access to needed services or may be on an extended waitlist. 3. Family does not have access to needed services.
COMMENTS		

RISK and/or PRIORITY CONTEXT FACTORS	
OTHER SECTOR INVOLVEMENT Child/family are involved with the child welfare and/or youth justice systems	Y <input type="checkbox"/> N <input type="checkbox"/>
MULTIPLE CARE DEMANDS There is more than one child with special needs being cared for by the family AND/OR there are other extensive family member care demands for the primary caregivers (e.g. elder parents)	Y <input type="checkbox"/> N <input type="checkbox"/>
RESIDENTIAL STABILITY Family does not have a stable living situation or family has been or is at imminent risk of being evicted	Y <input type="checkbox"/> N <input type="checkbox"/>
AT RISK OF ABANDONMENT Parents are indicating that they are going to relinquish care/responsibility for the child due to the stress of care demands	Y <input type="checkbox"/> N <input type="checkbox"/>
THE CHILD'S CONDITION IS DETERIORATING Child's condition is palliative or is rapidly declining	Y <input type="checkbox"/> N <input type="checkbox"/>
AT RISK OF HARM Any family member is at immediate risk of harm/injury due to aggression on the part of the child	Y <input type="checkbox"/> N <input type="checkbox"/>