



Coordinated Service Planning Referral Form



Please fax completed form to 613.738.4841 or send by mail to:
CHEO Access Team, Delivering Smart Start Hub Services
 395 Smyth Rd, Ottawa, ON K1H 8L1

The personal data collected on the on-line Coordinated Service Planning (CSP) Referral Form is used to verify our current client records and to determine eligibility for admission.

Once the form is received, the Access Team will follow up to complete a needs assessment and determine eligibility for Coordinated Service Planning. This form will be part of the child or youth's medical record, and is confidential.

Please Note: If you are submitting this referral on behalf of a family, child or youth please ensure the family is aware and consents to the referral. Consent will be reviewed with family at time of intake. Please complete one form for child.

Referral Source	
Today's Date (dd/mm/yyyy):	
Name (Referring Individual):	
Agency/Organization (if you are a service provider):	Telephone number:

Child/Youth Information		
Last Name:	First Name:	Date of Birth (dd/mm/yyyy)
Address: City:	Postal Code:	
Parent/Guardian Name (first contact):		Relationship:
Telephone Number:	Email:	Legal Guardian: <input type="checkbox"/> Yes <input type="checkbox"/> No
Parent/Guardian Name (second contact):		Relationship:
Telephone Number:	Email:	Legal Guardian: <input type="checkbox"/> Yes <input type="checkbox"/> No
Language(s) Spoken:		Preferred Language:

Why is Coordinated Service Planning (CSP) being requested?

- To Support coordination of care
- To support the connection of the client/family to appropriate services following multiple failed attempts
- To support the client/family in clarifying the roles and responsibilities of care team members and/or systems of care
- Other

If yes to any the of above, please explain:



Coordinated Service Planning Referral Form



If yes to any the of above, please explain: