|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Child/Youth (First/Last) Name:** | | | | | | | |
| Identified Gender:  M  F  Trans  Other | | | DOB:       (mm/dd/yyyy) | | | | Age: |
| Address: | | | | Town: | | | |
| Postal Code: | Phone (C): | | | | Ok to Leave a Message or  Prefer a Text | | |
| Phone (H): | | | | Ok to Leave a Message | | |
| ☐ **Do Not Contact Parent/Guardian**  **Parent/Guardian to be contacted (First /Last) Name:** | | | | | | | |
| Relationship to Child/Youth: | | Phone (C):  Phone (H): | | | | Ok to Leave a Message  Ok to Leave a Message | |
| Address:  Same as Child/Youth  Different than Child/Youth | | | | | | | |
| If different, please specify: | | | | | | | |
| ***Informed Consent:*** The child/youth or guardian is aware and understands this referral is for the purposes of accessing mental health supports and services from DCAFS and expects a call from the organization to establish contact:  **Yes** | | | | | | | |
| **For Primary Care or Other Health Care Provider/Allied Health Professional** | | | | | | | |
| Name of Physician or Other Provider: | | | | | | | |
| Physician or Other Provider Contact Number: | | | | | | | |
| Is the child/youth a patient of a Family Health Team?  Yes  No | | | | | | | |
| **Referral Information see Page 2** | | | | | | | |

|  |  |
| --- | --- |
| **Referral Information:** | |
| Reason for Referral: | |
| Please rate the level of severity/concern  *Low Concern*0\_\_\_\_1\_\_\_\_2\_\_\_\_3\_\_\_\_4\_\_\_\_5\_\_\_\_6\_\_\_\_7\_\_\_\_8\_\_\_\_9\_\_\_\_10*High Concern* | |
| Referral completed by (Name): | Date:      (mm/dd/yyyy) |

Please see page 3 for the range of Mental Health and Developmental Services for children, youth, and their caregivers.

**\*For group enrolment, client will need to attend assessment prior to being added to group**

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| --- |
| **Services that may benefit the child/youth and their family.** |
| Child and Youth Mental Health Programs |
| Single Session  Brief Service up to 4 counselling sessions  Longer Term Counselling up to 12 sessions  Intensive Counselling including In-Home, Child and Family  Sexual Assault Counselling |
| LGBTQ+ Group\*  Dialectical Behaviour Therapy (DBT) Family Skills Group \* |
| Caregiver Parent Support:  Individual  Group\*  Attachment-based intervention for Caregivers of children and youth |
| **Additional Services available. *Please check all that apply*** |
| Early Years and Developmental Support Services |
| Infant Child Development Program |
| Service Coordination  Coordination of Services for any child or adult with an Intellectual Disability and/or Autism |
| Inclusion for Children with Additional Needs (iCAN)  Supports for children with additional needs in Child Care Settings. |
| Coordinated Service Planning:  Coordination of Services for children and youth with multiple and complex special needs. |
| Medically Fragile Technologically Dependent Program (MFTD):  Weekend out of home respite. |
| Fetal Alcohol Spectrum Disorder (FASD):  Consultation and Parent Support Group |
| Behaviour Solutions  A fee for service program offering behaviour consultation and intervention. |

**Additional Information for Patients/Clients**

Your Health Care Provider has made a referral for you to the Clinical Services Department at Dufferin Child and Family Services (DCAFS). Our Clinical Services include a range of Early Years, Mental Health, and Developmental Support Services.

Next you will receive a call from a Service Coordinator who will gather additional information and discuss options for service with you. In the meantime, you can visit our website at dcafs.on.ca and follow us on twitter and Instagram to learn more about our services.

This referral is one gateway to mental health and parenting support services. Emergency After Hours and Crisis Intervention services are available 7 days a week, 24 hours a day. However, in the event of an emergency where there is immediate safety risk, call 911. Our regular gateway to service is the Talk-In Clinic which operates every Wednesday from 12:30pm to 6:30pm (last appointment begins at 5:30pm) subject to change. We encourage you to reach out anytime you feel the need at 519-941-1530 and follow the prompts, or to come to Talk-In.

We look forward to connecting with you soon.

The Clinical Services Team @ DCAFS.