Therapeutic Referral for Child Care

Oxford County Human Services
21 Reeve Street, P.O. Box 1614
Woodstock, Ontario N4S 7Y3
Fax: 519-421-4710 or www.oxfordcounty.ca
humanservices@oxfordcounty.ca

Oxford County
Growing stronger together

This form may be completed by a Social Services Source or Health Professional. Social Services Source or Health Professional may include, but are not limited to: Special Needs Resourcing, Children's Aid Society, Children's Mental Health, local School Boards, Physicians and family health teams.
Therapeutic Referral Child Care is available for a period of up to one year. If Child Care is still required after one year, a Referring Source must submit a new Therapeutic Referral Form.

Information

Please complete fully and submit to Oxford County Human Services at Contact Information above.

Parent Information:	**Date:**
Custodial Parent/Guardian 1 Full Name	Custodial Parent/Guardian 1 Date of Birth
Custodial Parent/Guardian 2 Full Name *(if applicable)*	Custodial Parent/Guardian 2 Date of Birth *(if applicable)*

Child Information: *(List only children requiring Subsidized Child Care)*

Child 1 Full Name	Child 1 Date of Birth
Child 2 Full Name	Child 2 Date of Birth
Child 3 Full Name	Child 3 Date of Birth

Family Information:

Street Address			
City	Province	Postal Code	Phone Number

Referral Information:

Name of Referral Agency	Name of Person Providing Referral
Contact Phone Number	Email Address

Reason for Referral *(Please check ALL that apply)*

Child's Need – **If multiple children, please indicate which diagnosis applies to each child**

Reason	Suspected	Diagnosed/ Confirmed	Reason	Suspected	Diagnosed/ Confirmed
Autism	☐	☐	Attention Deficit Disorder	☐	☐
Cerebral Palsy	☐	☐	Behavioural Issues	☐	☐
Down's Syndrome	☐	☐	Cystic Fibrosis	☐	☐
Hearing Impaired	☐	☐	Global Development Delay	☐	☐
Optimal Growth & Development	☐	☐	Obsessive Compulsive Disorder	☐	☐
Speech and Language	☐	☐	Parental Need	☐	☐
Social/Emotional	☐	☐	Sight Impaired	☐	☐
*Other **	☐	☐	Socialization Required	☐	☐

Parental Need

Reason	Suspected	Diagnosed/ Confirmed	Reason	Suspected	Diagnosed/ Confirmed
*Family Crisis **	☐	☐	Cognitive	☐	☐
Mental Health	☐	☐	*Other **	☐	☐
Physical	☐	☐			

***If marked Family Crisis or Other provide additional information that would help us assess the need for care (i.e. severity, temporary or on-going) in the space provided on the next page.**

Please use this section for any additional notes.

What is the maximum amount of Child Care per week that you recommend? **PLEASE NOTE:** The actual schedule of care must be determined in consultation between the family, the Child Care Provider, and the Child Care Fee Subsidy Program.

NOTE: Children's Services will provide a maximum of 3 days/week for children requiring care for socialization, speech & language, social/ emotional & optimum growth & development.

Number of days per week requested:	Start Date	End Date (if known)
Family Support Plan *(How will your Agency continue to support the child / family during the period of the referral?)*		

Professional Services

☐ I have referred the family to other Professional Services

☐ Family is involved with other Professional Services

☐ Other Professional Services referred/involved:

Has the "Authorization to Obtain and Release Information" form been completed? Please submit along with this referral.

Signature of Person Providing Referral	Date
Parent / Guardian 1 Signature	Date
Parent / Guardian 2 Signature *(if applicable)*	Date

By signing this form, the Parent / Guardian(s) consent to the release of this information to Oxford County's Human Services Office for the sole purpose of assessing initial and ongoing eligibility for Child Care Subsidy.

Office Use Only

☐ Immediate Placement ☐ Ongoing Placement ☐ Wait List Placement

Days/Model of Care Approved: _____

☐ OCCMS note entered by Case Worker

Case Worker's Signature: _____ Date: _____

Notice of Collection of Personal information: The Personal Information collected on this form is collected under the authority of the Child Care and Early Years Act and will be used to determine eligibility for Child Care Subsidy. Questions about this collection of personal information may be directed to Oxford County Human Services as noted above.

Authorization to Obtain and Release Information Regarding Therapeutic Referrals

Oxford County Human Services
21 Reeve Street, P.O. Box 1614
Woodstock, Ontario N4S 7Y3
Fax: 519-421-4710 or www.oxfordcounty.ca
humanservices@oxfordcounty.ca

Oxford County
Growing stronger together

I/We, _____ of,
Full name of Parent(s) / Legal Guardian(s) (Please Print)

_____
(Street) (City) (Postal Code)

Being the Parent and / or Legal Guardian of _____
(Child's full name)

_____
(Child's Date of Birth)

I/We do hereby authorize Oxford County's Human Services to obtain and release all child and family information as it relates to the assessment and verification of Eligibility and Placement for Child Care on the above named child to /from:

- ☐ Chıldınü Oxford
- ☐ Child and Parent Resource Institute (CPRI)
- ☐ Children's Aid Society
- ☐ Community Living Tillsonburg
- ☐ Woodstock & District Developmental Services
- ☐ London District Catholic School Board
- ☐ Southwestern Public Health
- ☐ Madame Vanier Children's Services
- ☐ Merrymount Children's Centre
- ☐ Physicians / Family Health Team
- ☐ TVCC
- ☐ Thames Valley District School Board
- ☐ Tyke Talk
- ☐ Women's Shelters
- ☐ Other: _____

It is acknowledged that the exchange of such information shall not be regarded as a breach of confidentiality and it is understood that the child and family information shared will be used to serve my child's needs (Health Care and Education needs).

This authorization may be terminated at any time by the undersigned by submitting a **written request** to, Oxford County Human Services, 21 Reeve St., PO Box 1614, Woodstock ON N4S 7Y3, 519-539-9800 or humanservices@oxfordcounty.ca
This release is effective for twelve months commencing the date it was signed and witnessed. An updated signed consent form is required upon annual review.

_____ _____
Signature of Parent(s) / Legal Guardian(s) Parent(s) / Legal Guardian(s) Phone Number

_____ _____
Signature of Referring Source Name & Referring Source Phone Number

Date of Release: _____
(day/month/year)

Expiry Date of Authorization: _____
(day/month/year)

Notice of Collection of Personal information: The Personal Information collected on this form is collected under the authority of the Child Care and Early Years Act and will be used to determine eligibility for Child Care Subsidy. Questions about this collection of personal information may be directed to Oxford County Human Services as noted above.