Counselling Services of Belleville & District

PATHWAYS FOR CHILDREN & YOUTH POUR LES ENFANTS ET LES JEUNES

Lanark Community Programs

Referral to Ontario Autism Program	Referral Source	Parent ☐	Other ☐ (please fill in below)
	Organization		
Date of this Referral Form (dd/mm/yyyy)	Name		
	Phone		

What region do you live in?	Hastings, Prince Edward ☐	Kingston, Frontenac, Lennox & Addington ☐	Lanark, Leeds & Grenville ☐

Section A: Individual Child/Youth

Last Name	First Name	Date of Birth (dd/mm/yyyy)	Gender	
			Male ☐	Female ☐

Address	City	Province	Postal Code

Section B: Parent(s)/ Legal Guardian

Last Name	First Name	Address **(if different from child)**	Aware of Referral	
			Yes ☐	No ☐

Home Phone	Cell Phone	Work Phone	E-mail

Last Name	First Name	Address **(if different from child)**	Aware of Referral	
			Yes ☐	No ☐

Home Phone	Cell Phone	Work Phone	E-mail

Section C: Alternative Contact

Last Name	First Name	Telephone Number

Section D: Custody

Is there shared custody?	Yes ☐	No ☐

Section E: List Relevant Reports Attached

Report Name	Agency

Ontario Autism Program "OAP"

Who can refer?	**Parents, legal guardians** and **designated professionals** (for example, Family Physicians, Pediatrician and or Developmental Pediatrician, Psychologists, Psychological Associates, Psychiatrists, Speech Language Pathologists, Occupational Therapists, Registered Social Workers, Board Certified Behaviour Analysts, and Nurses (includes Registered Practical Nurses, Nurses and Nurse Practitioners) and Early Interventionist/Infant Development Worker) with the family's consent.
Referral Criterion	All children and youth from 0-18 years of age, with a written diagnosis of ASD from a qualified professional, are eligible for services in the Ontario Autism Program (OAP).

- **Please provide a report or letter** from the diagnostician which clearly states that the child has an Autism Spectrum Disorder

Note: The child will be placed on the OAP waitlist once a written diagnosis is provided.

Our phone number is: 1-844-855-8340 for Autism Services in the South East Region

You may also fax, email or mail your referral to the appropriate region below

Hastings, Prince Edward	Kingston, Frontenac, Lennox & Addington	Lanark, Leeds & Grenville
Counselling Services of Belleville & District 12 Moira Street East Belleville, ON K8P 2R9 Phone: 613-966-7413 Fax: 613-966-2357 Email: tracey.corrigall@csbd.on.ca	**Pathways for Children and Youth** 31 Hyperion Court Kingston, ON K7K 7G3 Phone: 613-546-8535 Ext. 1 Fax: 613-546-0623 Email: intake@pathwayschildrenyouth.org	**Lanark Community Programs** 30 Bennett Street Carleton Place, ON K7C 4J9 Phone: 613-257-7619 Ext. 3242 Fax: 613-257-2675 Toll Free: 1-866-257-7618 Email: requestautismservices@lcp-home.com

For more information about the new Ontario Autism Program, please visit the MCYS website at:

http://www.children.gov.on.ca/htdocs/English/specialneeds/autism/ontario-autism-program.aspx

Intake Administrative Use Only		**Client ID#**	
Date of First Contact (m/d/y)	Date Referral Form Received (m/d/y)	Date Documentation Received (m/d/y)	Reports Attached
			Yes ☐ No ☐