

Children's Services Resource Consultant / Behaviour Consultant Referral Form

Niagara Region
Community Services
1815 Sir Isaac Brock Way P.O. Box 344
Thorold, ON
L2V 3Z3

905-980-6000 ext. 3897
Toll free: 1-800-263-7215
csreferrals@niagararegion.ca
niagararegion.ca/childcare

Referring agency submitting request:

Full name of referent:

Email:

Phone:

Referent Signature:

Section 1: Family Information

Child's full name:

Child's date of birth (mm/dd/yyyy):

Parent/Guardian's full name:

Parent/Guardian date of birth (mm/dd/yyyy):

Street address:

City:

Province:

Postal code:

Email:

Phone:

Which licensed child care program, licensed home child care program or EarlyON Child and Family Centre is the child attending:

Section 2: Reason for Request for Assessment

(Resource Consultant / Behaviour Consultant Supports)

DPS Score (if applicable):

C.A.R.E Score (if applicable):

Speech and Language Checklist completed (if applicable):

Yes

No

Has child already been referred for speech support:

Yes

No

Why do you think this child/family will benefit from service(s) requested?

Include developmental, social/emotional and/or medical aspects for child

Please indicate any current community agencies involved with the family:

Service:

Agency:

Contact Name:

Contact Number:

Email:

Service:

Agency:

Contact Name:

Contact Number:

Email:

Service:

Agency:

Contact Name:

Contact Number:

Email:

Notice with Respect to the Collection of Personal Information

Personal information contained in this application is collected, used and disclosed in accordance with the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA) under the legal authority of the Child Care and Early Years Act, 2014. Personal Information is to be used for the purpose of determining and verifying eligibility for Child Care Assistance.

Niagara Region Children's Services, and any child care service provider that provides service to my family, has my consent to release or obtain information to each other for administration of the program.

Further information regarding this collection can be obtained by contacting: Access and Privacy Office, for the Niagara Region at 905-980-6000 ext. 3779.

Parent/Guardian Signature: _____

Date: _____

Section 3: Special Needs Resource Agencies

Please email this form directly to the agency that provides Resource Support to your site (see below).

- **Niagara Children's Centre**
April.Shaw@niagarachildrenscentre.com
Christina.Ramanauskas@niagarachildrenscentre.com
- **Niagara Region Resource Consultants**
NR@niagararegion.ca
- **Pathstone Mental Health**
LMorrice@pathstone.ca
- **West Niagara Resource Consultants (Family and Children's Services Niagara)**
Laurie.Roberto@facsnagara.on.ca
- **Community Living St. Catharines**
SMazachowsky@clstcatharines.ca
- **Strive**
CWinkler@striveniagara.ca
- **Community Living Welland Pelham**
JudyBonsignore@clwellandpelham.ca
- **Niagara Support Services**
DMalatest@ntec-nss.com