

A. Student Information - Completed by Parent/Guardian and School

Student Name: _____ Male Female
Please print Clearly Surname First Name

Date of Birth: _____ HealthCard Number: _____
YYYY MM DD 10 Digit Numbers (Version Code)

Home Address: _____
Street Name Apt# City Postal Code

<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Primary Contact Name: _____ Home#: _____ Cell#: _____ Bus#: _____	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Primary Contact Name: _____ Home#: _____ Cell#: _____ Bus#: _____
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Language Spoken in Home: English French Other: _____
 Interpretation Required? No Yes If yes, please specify: _____
 Interpreter name (if applicable) _____ Company/Individual _____

B. School Information – Completed by School

School Name: _____

School Address: _____
Street Name Apt# City Postal Code

Phone#: _____ Fax#: _____

Principal / Vice Principal: _____

Teacher: _____ Grade: _____ am / pm

Contact other than Teacher: _____

Referral form completed by: _____
Name Relationship Date

Team member tracking referral: _____
Name Contact#

To be completed by parent/guardian:

I give consent for the School Board to release/share referral information with the Home and Community Care Support Services regarding my child.

 Parent / Guardian signature Date

This referral form will be stored in the Ontario Student Record (OSR) of your son or daughter.

Home and Community Care Support Services USE ONLY: NEW CLIENT PREVIOUS CLIENT

Student Name: _____
Please Print Clearly Surname First Name
School Name: _____

C. Mental Health and Addiction Nursing Services Requested – Completed by School

Conseil scolaire Viamonde *All referrals to be processed through the Special Education Central Team

- Assisting and supporting the school board in addressing existing gaps in services, such as:**
- Nursing support needed to assist students transitioning to and from psychiatric treatment facilities and hospitals
 - Nursing support needed to assist school board staff and families in understanding medication effects and how they may impact behaviours and needs in the classroom
 - Nursing support needed to assist school board staff and students in seeking appropriate treatment for drug use, abuse, dependence or other related mental health issues
 - Nursing support needed to assist school board staff in mental health promotion and education on an ongoing basis addressing mutually agreed upon
 - Nursing support needed to assist school board staff with identifying available community resources

Has this referral been reviewed with the Special Education Central Team? Date of review: _____

Concern/Reason for Referral (E.g. impact on school performance):

D. Additional Information-Completed by School and/or Parent/Guardian

- Behavioral concerns _____
- Safety concerns _____
- Formal diagnosis _____
- Medical concerns _____
- Other agencies involved with child _____
- Physician involvement _____
- Community mental health care provider involvement _____
- Other _____

Client Consent

This information should be considered confidential. For information regarding the contents of this form, call 416-217-3802.

Child's Name:

Health Card#:

Home and Community Care Support Services Toronto Central needs your consent in order to collect, use and share your child's personal health information with health information custodians involved in delivering treatment services.

AUTHORIZATION TO COLLECT, USE, & DISCLOSE PERSONAL HEALTH INFORMATION

I understand that the Home and Community Care Support Services Toronto Central and its contracted service providers collect my child's personal health information necessary for purposes related to the services they provide, including:

- determining my child's needs and coordinating the services that can be provided
- reviewing his/her needs and services on an ongoing basis
- planning and evaluation of services
- purposes permitted by law.

In order to provide your child with the appropriate mental health and addiction services, the Home and Community Care Support Services will share your child's personal health information with:

- your child's school (the following non-health information custodians: principal, teacher or child and youth worker)
- health care organizations, physicians and healthcare professionals involved in your child's care (includes the following health information custodians: social workers, psychologists, speech language pathologists and occupational therapists).

You have the right to refuse or to withdraw your consent at any time by contacting the Home and Community Care Support Services. In addition, you also give the Home and Community Care Support Services permission to collect and share your child's personal health information with the following person(s):

1. Parent / Guardian Contact Information

Name	Address	
Home Phone	Business	Cell

Name	Address	
Home Phone	Business	Cell

This consent is valid while your child is receiving services through the Home and Community Care Support Services. If at any time you want to make a change to this consent, please contact the Home and Community Care Support Services.

Do you understand and agree with all we have presented in this consent? If yes, please check the box and sign below.

Yes I understand and agree

Parent / Guardian's Last Name	Parent/Guardian's First Name	Signature	Date
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Specify any restriction required for this consent:

HOME AND COMMUNITY CARE SUPPORT SERVICES Toronto Central

Mental Health and Addiction Nursing (MHAN) Program

Conseil scolaire Viamonde REFERRAL FORM

TEL: (416) 217-3820 *FAX: (416) 506-0374

*PLEASE RETURN BY FAX ONLY

REFERRAL GUIDELINES

The Home and Community Care Support Services agency provides Mental Health and Addiction Nursing (MHAN) services to children from kindergarten to grade 12. The following outlines the referral process and the responsibilities of the Home and Community Care Support Services, CSViamonde and parents with respect to the provision of Mental Health and Addiction Nursing services.

REFERRAL PROCESS

Please note: All MHAN referrals to be processed by Special Education Central Team

- i) School initiates MHAN School Board Referral Form through the respective district school board process (see above) and/or sends home the referral form for completion by Parent(s)/Guardian
- ii) The CSViamonde Special Education Central Team reviews returned form for completion/accuracy and faxes the referral form to the Home and Community Care Support Services
- iii) Home and Community Care Support Services Toronto Central nurse initiates contact with school to follow up on referral

THE SCHOOL IS RESPONSIBLE FOR:

- i) Ensuring support from all parties (i.e. parent, teacher and student) prior to making a referral
- ii) Providing a location that is conducive for service provision
- iii) Providing the necessary school support for the implementation of the Service Plan. This includes but is not limited to having school personnel available for consultation
- iv) Identifying if there are any language issues and/or the need for interpreters (section A)

THE PARENT/GUARDIAN IS RESPONSIBLE FOR:

- i) Ensuring all information on the referral is correct and current
- ii) Be supportive of the implementation of the Mental Health and Addiction Nursing Service Plan

THE Home and Community Care Support Services IS RESPONSIBLE FOR:

- i) Developing a Service Plan in consultation with the parents, and school staff
- ii) Monitoring the Service Plan
- iii) Providing support and/or linking the school and parents to appropriate community resources