

Request for Children's Services Referral

Application is a 3-step process

Step 1: Applicants register on-line at www.niagararegion.ca or by phone at 905-984-3750. A registration for Children's Services should not be confused with registration on Niagara Region Child Care Registry.

Step 2: Applicants must register for Resource Consultant or Behaviour Consultant supports, through this process, even if in receipt of fee subsidy, as it is an additional service.

Step 3: When referents complete this Request for Children's Services/Referral form, please indicate the applicant's registration reference number at the top of the request and forward electronically to childcarecosts@niagararegion.ca or by fax to Niagara Region Children's Services Intake at 905-984-4463.

If Children's Services intake staff receive a Request for Children's Services/Referral, two attempts will be made to connect with the applicant (by telephone or email). If attempts to connect are unsuccessful, the file will be closed and the referent will be notified by phone or email of the closure.

Requests for Children's Services Referral will be processed in the order that they are received.

Section 1: Family Information:

Children's Services Registration Number: _____ **Date:** _____

Child's Name:	D.O.B.:
Parent/Guardian's Name:	
Address:	City:
Postal Code:	Email Address:
Telephone Numbers: Home:	Cell:

Section 2: Service Requested:

<input type="checkbox"/> Resource Consultant Support	DPS Score (if applicable):	Date Completed:
<input type="checkbox"/> Behaviour Consultant Support	C.A.R.E. Score (if applicable):	Date Completed:
<input type="checkbox"/> Parent's/Guardian's recognized needs (i.e. a parent requires assistance to care for his/her child because of illness or disability)		
<input type="checkbox"/> Child's recognized needs (i.e. children with medical/developmental and/or social needs)		
Is the child already enrolled in a child care program, or attending an Ontario Early Years Centre?		
		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, where?		
If not registered in a child care program or an Ontario Early Years Centre, what is your child care choice?		

Reason for Request for Children’s Services/Referral

Why do you think this child/family will benefit from service(s) requested? Include developmental, social/emotional and/or medical aspects for child and/or Parent/Guardian.

a) **CHILD:** (please specify reason for service)

b) **PARENT/GUARDIAN:** (please specify reason for service, if applicable)

Please indicate any other community agencies involved with the family:

SERVICE	AGENCY	NAME	CONTACT NUMBER

Who is the Service Coordinator for this child? (If applicable): _____

Upon receipt of this Request for Service Referral, if additional program information is required beyond what is included in this document with Parent/Guardian consent on this request, the referent will be contacted directly.

Section 3: Referent:

Name:	Profession:
Agency:	
Address:	Postal Code:
Email:	Referent Signature:
Phone Number:	

Taking into account that e-mail is not guaranteed to be a secure method of transmission but nevertheless preferring this method, I hereby direct and authorize (and release from any liability for so doing) the Regional Municipality of Niagara’s Community Services Children’s Services to forward the personal information of me and my child and my spouse, if applicable, on this form by e-mail to the child care service provider approved on this form.

Parent has been informed of the above statement?

I/We (parents/guardians) give Niagara Region, Children’s Services and any Child Care Service Provider that provides service to my family permission to share information in order to support this service. Questions or concerns about these forms of communication can be directed to my Fee Subsidy Caseworker or supervisor.

Parent/Guardian Signature: _____ **Date:** _____