

Parent/Guardian Information:

PRIMARY: Parent/Guardian #1

Parent/Guardian #2

Name: _____

Relation to child: _____

Date of Birth: ____/____/____
YYYY MM DD

Address: _____

City: _____

Postal Code: _____

Phone: (H)_____ Message okay?
 (B)_____ Message okay?
 (C)_____ Message okay?

Email Address: _____

Name: _____

Relation to child: _____

Date of Birth: ____/____/____
YYYY MM DD

Address: _____

City: _____

Postal Code: _____

Phone: (H)_____ Message okay?
 (B)_____ Message okay?
 (C)_____ Message okay?

Email Address: _____

Current Services:

Please list the services the child/ youth is **CURRENTLY** accessing. **REMINDER:** waitlists, physicians, private psychologists/psychiatrists and Halton Support Services DO NOT count as meeting the 2 services requirement. However, please still list for information purposes if applicable.

	Service	Service Provider	Duration
1			
2			
3			
4			
5			

Part of the intake process is a phone screening tool that helps us to determine whether CSP is a good fit to match the family's needs. The screen should be done with referring service providers, but can be completed by caregivers or youth directly. If you have a strong understanding of the family/child/youth that you are referring, it is **strongly** suggested that you complete the phone screen with our intake department. If you do not feel that you have enough information about the family/child/youth, then please indicate that you would like intake to connect directly with the family.

- Please contact **me (service provider)** directly to conduct the screen
- Please contact the **caregiver (primary)** to conduct the screen (you must notify the family that we will be calling)
- Please contact the **youth** to conduct the screen (you must notify the youth that we will be calling)