



**One Call, All Access for Child & Youth Mental Health**

**289-266-0036**

**Client Information:**

First Name:

Last Name:

Date of Birth:

Gender:

Address:

City:

Postal Code:

Home Phone Number:

Cell Phone:

E-mail:

Preferred Communication Method:

**Should be where we can leave a secure message.**

Preferred Language:

Requires Interpreter:

Additional Service Considerations:

- D/deaf or Hard of Hearing
- Developmental Delays
- Sight Impairment
- Wheelchair Access Required
- Fetal Alcohol Spectrum Disorder - diagnosed or suspected

Family Physician Name:

Contact:

**School & Child Care Information:**

School or Child Care Centre Name:

Grade:

Name of primary staff contact (SERT, Principal, CYC, Resource Consultant):

Contact Info:

Does your child attend a Before and After School Program?

Yes

No

Name of Before and After School Program:



Additional Referral  
Details:

The child/youth at immediate risk of harm.

The child/youth or a parent/guardian in the home at immediate risk of harm by the other parent/guardian.

The child/youth has been involved with the police.

**Referrals are made to Halton's Child and Youth Mental Health community based system and ASN will support the navigation to the full list of service offerings with providers and clients.**

**The following programs listed below are direct referral programs for specific organizations. Please only select if you are referring specifically to one of these programs and are an approved referral source for the program as outlined below.**

Direct Referral Programs:

- Caroline Families First (Physician Referrals Only)
- ROCK - ICS with Adult MH (CAS Referrals Only)
- Woodview - Linking Youth and Families (CAS Referrals Only)
- Woodview - SBST (School Board Referrals Only)

All referrals include a screening process to ensure that clients are connected to the most appropriate program or service based on an assessment of level of need and other inclusion and exclusion criteria. This screening should be done with the referring service provider(s), but can be completed by the caregiver 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 screen with our ASN team. If you do not feel that you have enough information about the family/child/youth, then please indicate that you would like the ASN team 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 ASN will be calling)

Please contact the youth to conduct the screen (you must notify the youth that ASN will be calling)

## Consent to Obtain, Share and Disclose Information

Please ensure that you review and obtain consent from your client to the following:

- your information provided to support this referral will be placed in a shared database maintained by ROCK;
- the ROCK database is used by and between select youth mental health organizations for the purposes of making referrals and collaborating on care in a timely and secure manner. The participating organizations include Radius Child and Youth Services, Bob Rumball Centre of Excellence for the Deaf – PAH! Program, Woodview Mental Health and Autism Services, Community Youth Programs, Nelson Youth Centres and ROCK;
- the information to be held in the database may include the following: client information (name, date of birth, address and contact information) and information about the programs and service provider name, appointment history, case notes and other documentation;
- the most up to date information about the ROCK database can be found on ROCK's web site at [rockonline.ca](http://rockonline.ca); clients can connect directly with ROCK's privacy officer at [privacy@rockonline.ca](mailto:privacy@rockonline.ca).

I have reviewed the information above with my client and have obtained their verbal consent to obtain, share and disclose this information with ROCK.

Consent Obtained

From:

Consent Obtained By:

Agency/Organization:

Date:

### Authorized Communication Contacts

At the request and authorization of the client, ROCK can use e-mail and text messaging, in addition to the phone, for communication to support the services the client may receive. The risks, limitations and conditions of use are available for clients to review in the Client Information Package on [rockonline.ca](http://rockonline.ca). Clients should be aware that e-mail and text messages are monitored within business hours and that we will respond in an as timely manner as possible. Please confirm with your client their authorized communication contacts:

Phone:

E-mail:

Text:

Please submit the completed form to the Access and System Navigation team through the Partner Portal, credentials required, or fax to: 905-681-7477