

COMMUNITY REFERRAL FORM

This referral form is for agencies, organizations, professionals making referrals on behalf of a family. Families may self refer by calling Kids Pathways Peel Intake at 905-890-9432

Kids Pathways Peel service coordination supports are available to families of children and youth, up to age 18, with special needs living in Peel Region when the...

- Family requires assistance navigating supports and/or services
- Family is experiencing stress or confusion being involved with many agencies and wants help coordinating multiple services.

Referral Instructions:

- Please complete this referral form and obtain signed consent (bottom of page) from family.
- Email referral form to info@kidspathwayspeel.com
- Intake staff will contact family and complete intake
- For additional information, please contact Kids Pathways Peel Intake at 905-890-9432 TTY: 905-890-8089 From Caledon: 1-888-836-5550.

REFFERAL AGENCY INFORMATION Date:		
Agency Name:	Name of Caller:	Phone Number:
Reason for Referral:		
	E-blast (only)	
(Note: Kids Pathway Peel intake staff may contact you for clarification)		
CHILD INFORMATION Has the child's/youth's diagnosis been confirmed? Yes No ** A copy of Assessment required prior to intake** What is the child's/youth's diagnosis? Primary:		
Secondary: Needs of the family/concerns (Goals)		
What services the family has already connected with:		
First Name:	Last Name:	
Date of Birth (D/M/Y):	Gender: Ma	ile 🗌 Female
PARENT/GUARDIAN INFORMATION		
Primary Contact Name:	Relationship:	Best Time To Call:
Address:	City:	
Street:	Secondary Phone #:	Postal Code:
Primary Phone #:		
Email:		
May we contact the family by email? Yes No		
Is an Interpreter required? Yes No		
Language(s) Spoken in Home:		
I consent for the referring agency to make a referral to KIDS PATHWAYS PEEL and give permission to Child Development Resource Connection Peel staff (on behalf of the KIDS PATHWAYS PEEL network) to follow up with referring agency to obtain clarification of information provided, if needed.		
$\frac{X}{SIGNATURE OF PARENT/GUARDIAN}$	DATE (dd/mm/yy)	