



# 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](mailto: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.

**REFERRAL AGENCY INFORMATION** | **Date:**

Agency Name:	Name of Caller:	Phone Number:
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Reason for Referral:

Service coordination                       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: <input type="checkbox"/> Male <input type="checkbox"/> Female    Other

**PARENT/GUARDIAN INFORMATION**

<b>Primary Contact Name:</b>	<b>Relationship:</b>	<b>Best Time To Call:</b>
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Address:	City:	Postal Code:
Street:	Secondary Phone #:	
Primary Phone #:		
Email:		
May we contact the family by email?    Yes <input type="checkbox"/> No <input type="checkbox"/>		

Is an Interpreter required? Yes  No   
 Language(s) Spoken in Home:

I consent for the referring agency to make a referral to <b>KIDS PATHWAYS PEEL</b> and give permission to Child Development Resource Connection Peel staff (on behalf of the <b>KIDS PATHWAYS PEEL</b> network) to follow up with referring agency to obtain clarification of information provided, if needed.	
X <b>SIGNATURE OF PARENT/GUARDIAN</b>	<b>DATE (dd/mm/yy)</b>