CHILD CARE
Social Services Department

COUNTY OF RENFREW

545 Pembroke Street West
Pembroke, ON K8A 5P2
Phone: 613-732-4100
Toll Free: 1-866-561-7679
Fax: 613-732-4437
www.countyofrenfrew.on.ca

Integration Services
Referral Form

Note: as per Ministry Guidelines the child must be diagnosed with a physical, emotional or cognitive impairment that is likely to continue for a prolonged period of time as verified by objective psychological or medical findings.

Child's Name:		Child's Date of Birth:(dd/mmm/yyyy)
Diagnosis:		
Parent/Guardian Name:		
Complete Mailing Address:		Postal Code:
Phone Number (home):	Phone Number (work):	Other:
Email:		
Agency Referring:		
Agency Contact (name, address and phone):		
Child Care Program: Group (e.g. Toddler, Preschool):		☐ Currently attending ☐ Waiting for vacancy
Attendance:	Days: ☐ M ☐ T ☐ W ☐ T ☐ F	# Hours / week:

Agencies presently involved or on wait list for services:

Agency Name	Contact Name	Involved	Waitlist

Date of Referral:	Signature of Referring Agency Contact:
Date:	Signature of Parent/Guardian:

CHILD CARE
Social Services Department

COUNTY OF RENFREW

545 Pembroke Street West
Pembroke, ON K8A 5P2
Phone: 613-732-4100
Toll Free: 1-866-561-7679
Fax: 613-732-4437
www.countyofrenfrew.on.ca

Integration Services
Consent to Disclose and Verify Information

1. I/We,

_____
Full name of applicant / recipient

_____
Name of spouse / same-sex partner

_____
Name of child Date of Birth

consent to the collection of information by, and the release of information to, an authorized representative of the Corporation of the County of Renfrew Child Care Services for the purpose of planning for the integration of my/our dependent child or child in my/our care who I/we am/are the legal guardian of, in a licensed Child Care or Nursery School Program.

2. I/We consent to the information being exchanged with agencies checked off in the following list in order to verify information for the purpose of determining or verifying my/our initial and ongoing eligibility for services provided by the County of Renfrew Child Care Integration Services.

☐ Renfrew County & District Health Unit
☐ Family & Children's Services
☐ Renfrew County Developmental Services
☐ Community Care Access Centre
☐ Preschool Speech and Language
☐ The Phoenix Centre
☐ Ottawa Children's Treatment Centre
☐ Infant Hearing Program
☐ Blind Low-Vision Program
☐ Child Care Fee Subsidy Program
☐ Renfrew County District School Board
☐ Renfrew County Roman Catholic School Board
☐ French Public School Board
☐ French Catholic School Board

☐ Licensed Day Care / Nursery School Program: _____

☐ Other Professional – i.e. speech pathologist, doctor: _____

I have read or had read to me and understand the consent set out above.

_____ _____
Signature / mark of applicant/recipient or person applying on behalf of applicant/recipient — Date

I have read or had read to me and understand the consent set out above and I join in this consent.

_____ _____
Signature / mark of applicant/recipient or person applying on behalf of applicant/recipient — Date

This consent will be in effect from the date of signature until the applicant/recipient is released from the program or County of Renfrew Child Care Integration Services has received written notice from the applicant/recipient or person applying on behalf of the applicant/recipient.

CHILD CARE
Social Services Department

COUNTY OF RENFREW

545 Pembroke Street West
Pembroke, ON K8A 5P2
Phone: 613-732-4100
Toll Free: 1-866-561-7679
Fax: 613-732-4437
www.countyofrenfrew.on.ca

Integration Services
Concern Form

Agency Name: _____

What type(s) of additional supports are requested?

☐ Integration Coordinator consultation
☐ Integration Coordinator assessment
☐ Integration Coordinator environmental assessment
☐ Family Centered Plan
☐ Team meeting

What are the areas of your concerns?

☐ Behaviour
☐ Speech
☐ Cognitive
☐ Fine and/or gross motor
☐ Social
☐ Other, please explain

_____
_____
_____

Are these new concerns?

☐ Yes ☐ No

Please explain _____
_____
_____
_____

Have you spoken with or written parents regarding your concerns?

☐ Yes ☐ No

Please explain _____
_____
_____
_____

Have you received a signed Release of Information for involvement of Child Care Integration Services? (If you require a blank copy, please inquire with Integration Coordinator).

☐ Yes ☐ No

Please attach supporting documentation.

Agency Director: _____ Date: _____

Integration Coordinator: _____ Date: _____

Integration Services
Concern Form – Supporting Documentation

Date: _____

Please fill out as much information about your concern by answering the following questions. This is extremely important and necessary to be used as documentation of your concern. Once you have completed this form and returned it to Child Care Integration Services, the Integration Coordinator can continue with the next step in the process of supporting you and the Program in the appropriate manner.

1. Referral concern (be specific)
   a)
   b)
   c)
   d)

2. Goals to address
   a)
   b)
   c)
   d)

3. Frequency of concern
   ☐ hourly ☐ daily ☐ weekly

4. Environment: Where does the concern occur?
   ☐ circle ☐ snack/meal ☐ small group ☐ large group
   ☐ outdoors ☐ transition ☐ nap/rest time ☐ craft time
   ☐ play time ☐ other (please explain) _____

5. What strategies or adaptations have you made or tried?
   ☐ physical space ☐ structures ☐ equipment
   ☐ communication ☐ material ☐ sensory materials
   ☐ program ☐ transitions ☐ routine
   ☐ other (please explain) _____

6. Other comments: _____