

## REFERRAL PROCESS FOR FAMILY SUPPORT OPTIONS

Reason for referral	Age	Referral for SSAH from CMHA staff	External referral
Child with moderate to severe delays or the significant possibilities of such delays [on the wait list for diagnostic assessment], a written statement describing the probability or presence of delay and the risk of further delay is required from a physician or psychologist. The determination of eligibility must be undertaken again at approximately 30 months. Request for continuation past 30 months may be considered with documentation and based on need.	0 to 6	<b>Internal referral</b> On Caseworks New Enrollment PROGRAM: CDS SSAH Phase: Assigned Staff: Colleen Scott leave a voice mail with CID at ext 7509	<b>Complete referral form, direct to CMHA intake as noted on form</b>
Individual with a designation of MFTD [medically fragile, technologically dependent]	0 to 18	<b>External referral</b> Refer to AIR 519-824-4015	<b>External referral</b> Refer to AIR 519-824-4015
Individual with physical disabilities	0 to 18	<b>Internal referral</b> [note internal referral above]	<b>Complete referral form, direct to CMHA intake as noted on form</b>
Individual who has multi-sensory deprivation due to a combined incidence of Deafness and Blindness is considered eligible for SSAH funding. An assessment to establish mental impairment is not required.  Chronic physiological hearing impairment so severe that speech cannot be understood with optimum amplification through the ear. Any long term eye condition that cannot be corrected medically, surgically or with refractive lenses but there is some residual vision and that complicates performance of age related visual tasks	0 to 18	<b>Internal referral</b> [note internal referral above]	<b>Complete referral form, direct to CMHA intake as noted on form</b>
Individual with a diagnosed developmental disability of any age who is living at home with a family member/guardian or on their own with no supports. They must reside in Wellington county Cognitive ability at or below 2 <sup>nd</sup> % Adaptive functioning at or below 5%	0 to 18	<b>External referral</b> Refer to AIR 519-824-4015	<b>External referral</b> Refer to AIR 519-824-4015
Individual with a brain injury acquired during formative years. With physical disabilities	0 to 18	<b>Internal referral</b> [note internal referral above]	<b>Complete referral form, direct to CMHA intake as noted on form</b>
With developmental disabilities	0 to 18	<b>External referral</b> Refer to AIR 519-824-4015	<b>External referral</b> Refer to AIR 519-824-4015
** "formative years" years of growth from birth up to but not including an individuals 18 birthday			