



## REFERRAL PROCESS FOR FAMILY SUPPORT OPTIONS-For Service Partners/CMHA Staff

Reason for referral	Age	Internal/External referral
Child with moderate to severe delays OR the significant possibilities of such delays (and is on a 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 for SSAH must be re-evaluated again at approximately 6 years of age. Request for continuation past 6 years of age may be considered with documentation and based on need.	0 to 6	Complete <a href="#">referral form</a> , direct to CMHA intake as noted on form
Individual with a designation of MFTD (medically fragile, technologically dependent)	0 to 18	Refer to AIR 519-824-4015
Individual with physical disabilities	0 to 18	Complete <a href="#">referral form</a> , direct to CMHA intake as noted on form
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	Complete <a href="#">referral form</a> , direct to CMHA intake as noted on form
Individual diagnosed with a developmental disability (including autism) who lives in Wellington County, at home with a family member/guardian (NOT foster care) or on their own with no supports. Cognitive ability at or below 2 <sup>nd</sup> % ; Adaptive functioning at or below 5%	0 to 18	Refer to AIR 519-824-4015
Individual with a brain injury acquired during formative years. With physical disabilities	0 to 18	Complete <a href="#">referral form</a> , direct to CMHA intake as noted on form
With developmental disabilities	0 to 18	Refer to AIR 519-824-4015
"Formative years" years of growth from birth up to but not including an individual's 18 birthday		

\*For CMHA Staff making Internal Referrals: On Caseworks > New Enrollment > PROGRAM: CDS SSAH > Phase: Assigned > Staff: Colleen Scott (Leave a voice mail with CID at ext. 7509)