

EXTERNAL REFERRAL PROCESS FOR FAMILY SUPPORT OPTIONS – agency directed funding only. Families applying for self-directed funding do not require referral to our program.

Reason for Referral	Age	Referral Process
Young child with moderate to severe delays or the significant possibilities of such delays - have a written statement describing the probability or presence of delay and the risk of further delay from a physician.	0 to 6	Complete referral form, direct to CMHA
Individual with a designation of MFTD [medically fragile technologically dependent].	0 to 18	Refer to AIR 519-824-4015
<ul style="list-style-type: none"> <li>• Individual with physical disabilities.</li> <li>• Individual who has multi-sensory deprivation due to a combined incidence of Deafness and Blindness is considered eligible for funding. An assessment to establish mental impairment is not required.</li> <li>• Chronic physiological hearing impairment so severe that speech cannot be understood with optimum amplification through the ear.</li> <li>• Any long-term eye condition that cannot be corrected medically, surgically or with refractive lenses but there is some residual vision that complicates performance of age-related visual tasks.</li> </ul>	0 to 18	Complete referral form, direct to CMHA
Individual with a diagnosed intellectual/developmental disability. Cognitive ability 2nd % or lower.	0 to 18	Refer to AIR 519-824-4015
Individual diagnosed with ASD with or without accompanying intellectual disability.	0 to 18	Refer to AIR 519-824-4015
Individual with an acquired brain injury during formative years (ie. years of growth from birth up to but not including an individual's 18 <sup>th</sup> birthday).  With physical disabilities	0 to 18	Complete referral form, direct to CMHA
With developmental disabilities	0 to 18	Refer to AIR 519-824-4015