



30 Bennett Street
Carleton Place, Ontario
K7C 4J9

T 613-257-7121
F 613-257-2675
connectwell.ca

**CONNECTWELL COMMUNITY HEALTH BEHAVIOUR DEVELOPMENT PROGRAM
REFERRAL FORM**

Name: _____ Gender: _____ DOB: _____

Parent/Guardian(s): _____ Email: _____

Address: _____

Home Phone: _____ Other: _____

Reason for Referral

Diagnosis:

Given specifications from the Ministry of Children, Community and Social Services (MCCSS) who funds the Behaviour Development Program, we serve children, youth, and adults at-risk of or confirmed to have a developmental disability. The category of developmental disability is defined by MCCSS to include a diagnosis of Intellectual Disability. As such, proof of an Intellectual Disability is required past the age of 6 years old. Please include the following information with the referral form depending on the clients age:

- Children under the age of 6 years:** Behavioural issues and developmental delay are present; however, no documentation is required.
- Children age 7-18 years:** Written confirmation of a diagnosis of Intellectual Disability is required. Attach documentation.
- Adults age 18+:** Submission of a Change of Circumstance Form (COC) to Developmental Services of Ontario (DSO) is required. Referral information will be automatically forwarded to BDP after the COC is completed.

Current Medications:

Other Services or Agencies Involved

REFERRING AGENT:

Name: _____ Agency: _____

Date of Referral: _____ Phone: _____

30 Bennett Street
Carleton Place, Ontario
K7C 4J9
613-257-7619

207 Robertson Drive
Lanark, Ontario
K0G 1K0
613-259-2182

20 Robertson Drive
Beachburg, Ontario
K0J 1C0
613-582-3685