



Coordinated Service Plan

Child/Youth

Name: _____ Address: _____ _____	Date of Birth: _____ <div style="text-align: center;">DD/MM/YYYY</div>
--	--

Parent/Legal Guardian

Name	Address (if different from child/youth)	Please <input checked="" type="checkbox"/> preferred contact
		<input type="checkbox"/> Cell: _____ <input type="checkbox"/> Home: _____ <input type="checkbox"/> Work: _____ <input type="checkbox"/> Email: _____
		<input type="checkbox"/> Cell: _____ <input type="checkbox"/> Home: _____ <input type="checkbox"/> Work: _____ <input type="checkbox"/> Email: _____

Siblings

Name	Age	Resides in home
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

Language(s) Spoken by:

Parent/Legal Guardian	
Parent/Legal Guardian	
Child/Youth	
Interpreter Required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments: 	

Family's Cultural Priorities and Perspectives

Child's Strengths and Interests

Family Strengths and Priorities

What are your hopes and dreams? What would help you and your family at this point in time? What is the most important need(s) that should be addressed now? What barriers to service should we address?

Family/Youth Priorities			
Priority/Goal	How Goal will be met	Who is responsible	Timeline

Ensure expectations in the Plan are meaningful to and based on family's/youth's choices.

New Service Need

Description of Service Needed	Reason	Plan to Access/Link including Who responsible	Timeframes for Access

Informal Supports – Family, Friends, Other

Name	Relationship	Type of Support	Meetings Attended - Dates

Services and Supports including School and Health Professionals

Organization	Service/ Program Name	Start Date	Projected End Date	Staff Contact & Position Title	Phone; Email	Meetings Attended - Dates

Include above as appropriate:

- *School and Grade, or Child Care Centre*
- *Hamilton-Niagara Regional Autism Intervention Program*
- *Community and School services and supports (including CCAC, Deaf/blind)*
- *Doctors, Specialists*
- *CCAC*
- *Special Services at Home*
- *Assistance for Children with Severe Disabilities (ACSD)*
- *Easter Seals (3+/6+ years)*
- *Disability Tax Credit (T2201)*
- *Child Disability Benefit on Child Tax Credit*
- *Assistive Devices Program (ADP)*
- *Extended Health Benefits*
- *Assistive Technology Used*

