



Consent to Share Information

The Special Needs Access Point (SNAP) represents a group of agencies that support children in licensed child care programs in Waterloo Region. All referrals to the services listed below must be processed through SNAP in order to activate service. The following agencies could provide service to children in any licensed child care program:

- KW Habilitation - Special Needs Access Point (SNAP)
- KW Habilitation – Early Learning, Child Care and Family Resources
- KidsAbility – (Speech-Language Pathology/Occupational Therapy/Physiotherapy/Kinesiology)

I, _____, give my consent for my child _____, born on, _____, to be referred to one or more of the agencies listed above.

I acknowledge the following by signing below:

- I have been informed of the role these services may play in meeting my child's needs.
- The SNAP Referral Form will be shared with the appropriate agency (s) listed above.
- My child's skills and development will be screened or assessed by the appropriate agencies listed above. KidsAbility assessments (if applicable) will be scheduled at the child care location to observe and assess my child's development either in the group or individually in a separate, quiet space with fewer distractions.
- Verbal and/or written information, assessments, and reports will be shared between the relevant agencies listed above and with my child's early learning program for the purposes of planning and implementing an individualized program for my child
- Information collected is used to respond to my child's needs, refer to appropriate services and provide data for planning and evaluation
- I understand I have the right to refuse my consent for the participation of any of the agencies at any time.

I consent to receive email communication from the appropriate agency(s) listed above to schedule appointments or confirm referrals made. Yes No

Signature (Parent/Guardian)

Date

Signature (Witness)

Date



KW Habilitation Special Needs Access Point

Referral and Intake Form

(Phone) 519-514-7627 (Fax) 1-888-801-7627

This form must be completed by the referral source and parent together. Do not send this form home with the parent to complete.

1. Referral Source and Contact Information

Date of Referral: ___/___/___ Referred by: _____
MM DD YY Name and Job Title

ELCC/Agency: _____ Phone/Ext: _____ Email: _____

2. Child and Family Information

Child's Name: _____ M F Child's D.O.B.: ___/___/___
First last MM DD YY

Address: _____ City: _____
Postal Code: _____

Child lives with: _____
(Name and relationship to child)

Custodial parent/guardian: Both Parents Other _____

Parent/Guardian Name: _____ Relationship to child: _____

Address same as child; if different please provide address below:

Address: _____ City: _____
Postal Code: _____

Home Phone: _____ Cell Phone: _____ Email: _____

If there are **changes** to health or medical needs please update below:

3. Child Care Information

Child Care Subsidy Special Needs Referral Required? Yes No New Renewal

This section completed by referral source when the child is ATTENDING a child care program)

Name of licensed ELCC: _____ Classroom: _____

Or

Name of licensed home child care provider: _____

Address: _____ City: _____ Postal Code: _____

Phone number: _____ Email: _____

Home Child Care Consultant: _____ Phone number: _____

Name of Resource Consultant currently supporting licensed program: _____

Days of week child attends: Mon Tues Wed Thurs Fri

Full Days Mornings Afternoons

4. Developmental Information

Please describe why you are seeking a new service through special needs resourcing services:

Please fax or mail this form to the:

**Resource Coordinator, Special Needs Access Point
KW Habilitation
99 Ottawa St. S.
Kitchener, Ontario
N2G 3S8
Fax: 1-888-801-SNAP (7627)**

Questions can be directed to Resource Coordinator, Special Needs Access Point by calling 519-514-7627 or by email to snap@kwhab.ca

