

## Case Conference Request Fax Cover Letter

Please deliver the following:	Date:	Number of pages with cover:
<b>To:</b> Tanya Melo <b>Company Name:</b> Halton Region <b>Tel:</b> 905-825-6000 ext 2571  <b>Fax:</b> 905-825-8821  <b>Re:</b> FASD Case Conference Request		<b>From:</b>  <b>Company:</b>  <b>Tel:</b>  <b>Email:</b>

Comments:

Please see the attached referral and consent for a case conference with the Halton FASD Resource Team.

Included in this fax:

**Mandatory:**

- Signed consent from the guardian or individual with FASD
- Signed attestation from referring professional if individual under 18 years old
- Referral form

**Check off the documents to be included:**

- Psychological Assessment(s)
- Other relevant assessments (e.g. SLP, OT, etc.)
- Current IEP
- Safety/Behaviour plans
- Other: \_\_\_\_\_
- Will provide these documents at a later date, but prior to conference**

**Confidentiality Clause**

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Have you scheduled a second meeting for your team yet? We recommend a follow up meeting is scheduled within ~2 weeks of the conference to review roles and next steps.

**Please advise those in attendance to be prepared to participate in the discussion about the individual with FASD.**

## Halton FASD Conference Referral Form

Conference requested by: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
YR MO DY

Your relationship to the client: \_\_\_\_\_

Your Agency or Organization: \_\_\_\_\_

Your contact information: Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Client Information:**

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
YR MO DY

Address of primary residence: \_\_\_\_\_

Legal Guardian (if client is a child): \_\_\_\_\_ Client lives with: \_\_\_\_\_

**Caregiver information:**

Parent/Caregiver 1: \_\_\_\_\_ Parent/Caregiver 2: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Relation to child:  Mother  Father  \_\_\_\_\_ Relation to child:  Mother  Father  \_\_\_\_\_

**Has a Case Conference been held for this individual in the past? If so, when did it take place and what were the outcomes?:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**Information to be completed by referral source:**

1. What is the focus or purpose of this conference?

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2. Please provide questions you want answered from this conference?

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Client: \_\_\_\_\_

D.O.B: \_\_\_\_\_

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## CONSENT TO DISCLOSE PERSONAL INFORMATION

Halton FASD facilitates conferences to review the needs of children and/or youth with FASD or possible FASD and to provide families and professionals opportunities to develop their knowledge, skills and competence regarding FASD and how best to support the individual.

In order to prepare for and proceed with a conference, information about the child/youth in your care will need to be disclosed, in oral and written format, to the members of the **\*Halton FASD Resource Team**. **This form serves as your written consent for the disclosure of information to the Halton FASD Resource Team.**

I (Name of legal guardian) \_\_\_\_\_

have reviewed the Halton FASD Conference Referral Form and consent to its completion and disclosure, which includes disclosure of relevant assessments, to the Halton FASD Resource Team by:

Name of professional/organization: \_\_\_\_\_

Pertaining to:

Name of Individual \_\_\_\_\_ DOB: \_\_\_\_\_

I understand that all written materials that are shared with the Halton FASD Resource Team will be returned to me upon completion of the conference and that copies will not be retained. I am also aware that the Halton FASD Resource Team will not generate or keep any written reports or documentation about the conference.

I am aware that members of the Halton FASD Resource Team have a legal responsibility to report reasonable grounds of suspicion of any form of harm to a child and that in such situations, confidentiality will not be kept.

I agree that this consent will remain in effect for six (6) months following the date of signature unless I withdraw my consent in writing prior to information being shared and/or the conference taking place. I understand that the Halton FASD Resource Team will keep a copy of this consent form for one year after completion of the conference and that only non-identifying information may be kept for statistical purposes to support funding: for example date of conference, location and age.

\_\_\_\_\_  
Name of Legal Guardian/or individual over 18 years (Print)

\_\_\_\_\_  
Signature Legal Guardian/Individual if over 18 years of age

\_\_\_\_\_  
Date

**\*Halton FASD Resource Team** consists of the following service providers: Reach Out Centre For Kids, Halton Children's Aid Society, Halton Region Children's Services, Halton District School Board, Halton Catholic District School Board, Community Living North Halton, ADAPT, Halton Regional Police Service, Milestone Foster Homes and Support House

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## **CONSENT TO DISCLOSE PERSONAL INFORMATION: Referral Source Attestation if Individual is Under 18 years**

Halton FASD facilitates conferences to review the needs of children and/or youth with FASD or possible FASD and to provide families and professionals opportunities to develop their knowledge, skills and competence regarding FASD and how best to support the individual.

In order to prepare for and proceed with a conference, information about the child/youth in your care will need to be disclosed, in oral and written format, to the members of the **\*Halton FASD Resource Team**. **This form serves as your written attestation that you have adhered to your agency policies/procedures/practices for the disclosure of information to the Halton FASD Resource Team for an individual under 18.** .

I (Name of person making referral) \_\_\_\_\_

from

Name of professional/organization: \_\_\_\_\_

Pertaining to:

Name of Individual \_\_\_\_\_ DOB: \_\_\_\_\_

I attest that I have obtained the consent for an individual under 18 years old as per my own agency's policies/procedures to be the subject of a Halton FASD Case Conference and to share their personal health information accordingly. If consent is required by my agency, I agree that the individual understands that all written materials that are shared with the Halton FASD Resource Team will be returned to their legal guardian upon completion of the conference and that copies will not be retained. I have also made them aware that the Halton FASD Resource Team will not generate or keep any written reports or documentation about the conference.

I agree that this consent will remain in effect for three (3) months following the date of signature unless I withdraw my consent in writing prior to information being shared and/or the conference taking place. I understand that the Halton FASD Resource Team will keep a copy of this consent form for one year after completion of the conference and that only non-identifying information may be kept for statistical purposes to support funding: for example date of conference, location and age.

\_\_\_\_\_  
Signature of Referral Source

\_\_\_\_\_  
Date

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