



FIREFLY

Healthy People. Resilient Families. Vibrant Communities

Ontario Autism Program (OAP) Urgent Response Service (URS)

Supplemental Referral Form

Child's Name: _____ <small>(First + Last Name)</small>	Date of Birth: _____ <small>(MM, DD, YYYY)</small>
Person Completing Referral: _____	Agency: _____
Referent Contact Email: _____	Contact Phone: _____

Date URS Referral submitted: _____ <small>(MMM DD, YYYY)</small>	Child/Youth's OAP #: _____ <small>(if # not yet received/available complete next section)</small>
--	---

(Select One)	Child/Youth is registered with OAP but not yet assigned an OAP registration number →	Date Client sent registration to OAP: _____ <small>(MM, DD, YYYY)</small>
	Caregiver unsure of OAP registration; person/agency listed here can be of assistance in determining if registration with OAP was completed →	Contact Name and/or Agency who may be of assistance: _____
	Child/Youth is not yet registered with OAP →	Note: This child will not qualify for OAP Urgent Response services; however, Service Navigation assistance will be provided if referring professional is not able to provide this service (e.g. medical professionals)

Briefly Describe Reason for Referral to OAP Urgent Response Service:
Comments:



Healthy People. Resilient Families. Vibrant Communities

***Note:** Clients experiencing an imminent/significant Mental Health Crisis should be referred immediately to locally available **Crisis Services** before referring for Urgent Response:



We serve 24/7.   Canadian Mental Health Association
Thunder Bay
Mental health for all

 Association canadienne pour la santé mentale
Thunder Bay
La santé mentale pour tous

Crisis Response phone lines.
 Toll-Free & District of Thunder Bay: 1-888-269-3100
 City of Thunder Bay: 807-346-8282
 Kenora/Rainy River District: 1-866-888-8988



Please list any coexisting diagnoses with Autism. This information may be helpful when designing the service plan and identifying appropriate referral options.	
Additional Diagnoses: (ADHD, Intellectual Disability, etc.) OR Query of another diagnosis?	None/Not applicable

Behaviours Please check if the child/youth demonstrates any of the following behaviours: <i>(check all that apply)</i>	When did this behaviour begin to occur or worsen?
Aggression towards others No Yes If yes, select occurrence timeframe → Comments:	
Non-Suicidal Self-Injurious Behaviour No Yes If yes, select occurrence timeframe → Comments:	
Risk of Exploitation (bullying, internet safety risk) No Yes If yes, select occurrence timeframe → Comments:	



FIREFLY

Healthy People. Resilient Families. Vibrant Communities

<p>Flight Risk (bolting, running away)</p> <p>No Yes If yes, select occurrence timeframe →</p> <p>Comments:</p>	
<p>Suicidal Ideation/Suicidal Behaviour</p> <p>*Note: Clients experiencing an imminent/significant Mental Health Crisis should be referred immediately to locally available Crisis Supports or taken to local hospital for stabilization.</p> <p>No Yes If yes, select occurrence timeframe →</p> <p>Comments:</p>	
<p>Violent Thinking</p> <p>No Yes If yes, select occurrence timeframe →</p> <p>Comments:</p>	
<p>Fire Setting (preoccupation with fire, fire setting behaviour)</p> <p>No Yes If yes, select occurrence timeframe →</p> <p>Comments:</p>	
<p>Harm to Animals</p> <p>No Yes If yes, select occurrence timeframe →</p> <p>Comments:</p>	
<p>Inappropriate Sexual Behaviour</p> <p>No Yes If yes, select occurrence timeframe →</p> <p>Comments:</p>	



Healthy People. Resilient Families. Vibrant Communities

Property Destruction No Yes If yes, select occurrence timeframe → Comments:	
--	--

Family Coping
Does the family struggle to cope when the identified behaviour or situation occurs?
Yes No
If yes, please describe impact on family:

What is the family hoping to achieve through participating in the Urgent Response Service?

Medical:
Has a medical cause (ie. tooth ache, migraines, back pain etc) for the high-risk behaviour been ruled out? Yes No
Date of child's/youth's most recent medical checkup?
Please include any additional information you feel is relevant:



Healthy People. Resilient Families. Vibrant Communities

The child/youth has the following assessments or reports available to inform the plan: <i>**Please include with referral</i>	
Coordinated Service Plan (most recent document) Psychological Assessment/Report Occupational Therapy Assessment/Report Speech/Language Therapy Assessment/Report	Psychiatry Report (Tele-Mental Health Consult, etc.) Individualized Education Plan (IEP) Behaviour Support Plan Other: