



**Coordinated Access Package**  
**CHILDREN'S SERVICES**  
Instruction Sheet

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**ACCESS Form** (page 2 and 3)

The **ACCESS Form** must be completed with/on behalf of each individual being referred to CSCN.

If you are completing the ACCESS Form (pages 2 and 3) manually please **print in black ink**, ensuring that the document is legible.

Forms completed electronically can be sent to CSCN by e-mail if you wish:  
[general@cscn.on.ca](mailto:general@cscn.on.ca)

Forms not submitted electronically should be sent to the CSCN London office by mail, courier or fax.

**ACCESS Checklist and Definitions** (page 4 to 10)

The **ACCESS Checklist** must be completed for each youngster referred to CSCN. Place a checkmark beside any item on the list that, in your judgment, is at a significant enough level to be considered relevant to the child's functioning. **These areas of concern must be substantiated in your ACCESS report.**

**ACCESS Report Format** (page 11 and 12)

Pages eleven and twelve outline the format to be used when preparing an **ACCESS Report** with/on behalf of an individual being referred to CSCN for service coordination.

The format is **not** intended to be a fill in the blanks document. It is an outline of the information **required** in the **ACCESS Report**.

**ACCESS Reports** will likely be photocopied/faxed as the process unfolds, therefore, to ensure that reports remain legible, **hand written documents will not be accepted.**

**ACCESS Consent Form** (page 13 and 14)

The **ACCESS Consent Form** must be completed in its entirety and **must** be received by CSCN before the Resolution Process can commence.

This '**informed consent**' will allow Agency Service Coordinators to share information with CSCN. It also allows CSCN to share information with service providers (as appropriate) throughout the Resolution Process.

If referring an individual/family to CSCN, please ensure that the CSCN box is checked (✓) in section one of the consent form.

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1-877-480-2726

Toll Free Fax  
1-877-462-1509

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Oxford | Elgin  
Aylmer Community Centre  
25 Centre Street  
Aylmer, ON N5H 2Z4  
Tel. (519) 765-2082  
Fax (519) 765-2106



**SECTION FOUR: Communication**

Barriers to communication       No     Yes    If **YES**, explain below


**SECTION FIVE: Agency Service Coordinator**

Last Name	First Name	Agency Affiliation
Position/Title	E-mail Address	
Mailing Address	City Town	Postal Code
Telephone Number	Fax Number	

**SECTION SIX: Resolution Teams**

If there are agencies/individuals that the individual/family would prefer **NOT** participate in the Resolution Process please list below




## ACCESS Checklist CHILDREN'S SERVICES

### INDIVIDUAL'S INFORMATION

Last Name	First Name	Age (years/months)	Sex (male/female)
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Checklist Completed By:	Date Checklist Completed
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**Past** - Indicates an occurrence in the past but not within the last 6 months

**Current** – Indicates an occurrence within the last 6 months

**Past & Current** – Has occurred in the past and continues to occur

	<u>Past</u>	<u>Current</u>	<u>Past &amp; Current</u>
1. Acting out (home)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Acting out (school)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Acting out (community)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Relationship problems (home)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Relationship problems (school)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Relationship problems (community)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Emotional problems (home)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Emotional problems (school)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Emotional problems (community)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Fire setting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Vandalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Theft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Inappropriate sexual behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Suicidal behaviour (attempts/ideas)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Self inflicted physical abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Alcohol/substance abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Running away	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Marked school underachievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Nightmares or panic attacks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Somatizing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Enuresis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Encopresis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Hyperactive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Eating disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Delusional thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Oppositional/defiant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	<u>Past</u>	<u>Current</u>	<u>Past &amp; Current</u>
27. Aggressive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Depressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Destructive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Temper tantrums	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Physically abused by caretaker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Sexually abused by caretaker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Emotionally abused by caretaker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Assaulted/molested by non-caretaker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Threatened by non-caretaker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Physical/sensory disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. Diagnosed learning problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. Significant physical illness/injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. Significant separation from family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. Death of significant other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. Family disruption (separation etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. Family conflict	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43. Wife assault (family violence)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44. Family alcoholism/substance abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45. Multiple moves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46. Financial stress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47. Family health/injury problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48. Family emotional/psychiatric prob.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49. Family legal problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## ACCESS Checklist CHILDREN'S SERVICES Definitions

### 1. Acting Out (Home)

The child is showing significant verbal or physical aggression, or destructiveness, or significant non-compliance or anti-social behaviour in the home setting. For example, attacking parent or sibling, severe tantrums, defies discipline, running from home.

### 2. Acting Out (School)

The child is showing significant verbal or physical aggression at school, or significant non-compliance or antisocial behaviour in the school setting. For example, hitting peers, swearing at teacher, truancy.

### 3. Acting Out (Community)

The child showing significant verbal or physical aggression, or significant defiance or anti-social behaviour in the community setting. For example, significant aggression during structured community activities or on the streets, breaking the law, drug/alcohol abuse.

### 4. Relationship Problems (Home)

The child has significant relationship problems within the home setting. For example, excessive tension/arguing with parent or sibling, or excessive withdrawal (isolates in room, unable to join in or express feelings).

### 5. Relationship Problems (School)

The child shows significant problems in getting along with others (e.g. quarrels), or social avoidance (e.g., very shy), or poor social skills within the school setting. This can include relating to peers or adults.

### 6. Relationship Problems (Community)

The child shows significant problems in getting along with others (e.g., quarrels), or social avoidance (e.g., very shy), or poor social skills within the community setting. For example, a child showing problems maintaining friends in the community due to quarrels, or a child unwilling to leave the house for activities or to form friendships.

### 7. Emotional Problems (Home)

The child is showing significant sadness, or anxiety, or mood swings or marked irritability/defensiveness within the home setting. For example, crying, nightmares, worry, volatility, suicide attempts occurring while at home.

### 8. Emotional Problems (School)

The child is showing significant sadness, or anxiety, or mood swings or marked irritability/defensiveness within the school setting. For example, crying, or emotional outbursts or marked sadness or panic attacks noted at school. Include as well any child whose school-related anxiety is high enough that they totally refuse to attend.

### 9. Emotional Problems (Community)

The child is showing significant sadness, or anxiety, or mood swings, or marked irritability/defensiveness within the community. For example, crying or emotional outbursts or marked sadness or panic attacks noted outside of the home or school (i.e., in structured community activities, out on the streets or with friends).

### 10. Fire Setting

The intentional setting of at least one fire without adult supervision or permission.

11. **Vandalism**

At least one reported incident of property destruction in the community with some police involvement but not necessarily resulting in charges being laid.

12. **Theft**

At least one reported incident of theft of money or other items occurring in the community with some police involvement but not necessarily resulting in charges or repeated incidents of stealing from home (e.g., money from purse) which have been expressed as a concern for the parents.

13. **Inappropriate Sexual Behaviour**

Any one of the following:

- a) Excessive or public masturbation
- b) Age inappropriate public exposure
- c) Preoccupation with sexual talk/material
- d) Promiscuous behaviour
- e) Assault/coercive sexual behaviour
- f) Gender identity confusion
- g) Other concerning sexual behaviour

14. **Suicidal Behaviour (Attempts/Ideas)**

Any one of the following:

- a) Suicidal thoughts (if persistent and worrisome)
- b) Suicidal plans
- c) Suicidal threats
- d) Suicidal attempts
- e) Behaving in a reckless, life-threatening way causing concern for others

15. **Self-Inflicted Physical Abuse**

Any one of the following:

- a) Intentional scratching or mutilation of body
- b) Head banging (of a frequency or intensity to cause injury)
- c) Any other self-inflicted injury requiring medical attention

16. **Alcohol/Substance Abuse**

Any one of the following:

- a) The illegal use of alcohol (e.g., underage drinking, excluding sips with parental permission)
- b) The use of illicit substance (e.g., crack, marijuana)
- c) The intentional misuse of any prescription or non-prescription drug
- d) Glue/solvent sniffing

17. **Running Away**

At least one incident of leaving the parental home for an overnight period, without permission and with whereabouts unknown or repeated instances of daytime running.

18. **Marked School Under-Achievement**

At least one full grade below expected level for age. Do not check if the child's achievement level is low but consistent with diagnosed learning problems.

19. **Nightmares or Panic Attacks**

Nightmares: Repeated awakenings from sleep with recall of extended and extremely frightening dreams, usually involving threats to survival, security, or self-esteem. The nightmares cause significant distress. Panic Attacks: Discrete periods of intense fear or discomfort involving several of the following symptoms: shortness of breath, faintness, accelerated heart rate, trembling or shaking, sweating, nausea, flushes or chills, chest discomfort, fear of dying, or fear of going crazy.

**20. Somatizing**

A history of physical complaints or a belief that one is sickly with no organic pathology or physical disorder to account for the symptoms, and for which there is a strong presumption that the symptoms are linked to psychological factors or conflicts. The symptom production is not intentional.

**21. Enuresis**

Repeated voiding of urine during the day or night into bed or clothes, whether involuntary or intentional, at least once or twice per month after the age of 5, not due to any physical disorder.

**22. Encopresis**

Repeated passing of feces into places not appropriate for that purpose (e.g., clothing, floor), whether involuntary or intentional, at least once per month and which is not due to any physical disorder. Do not check if child is 5 years old or younger.

**23. Hyperactive**

The child shows age-inappropriate immaturity in the following areas: is fidgety, restless, impulsive, easily distracted, has trouble waiting, blurts out answers, interrupts others, loses things.

**24. Eating Disorder**

Any evidence of recurrent abnormal eating patterns (e.g., restricting intake and below 85% of expected ideal weight; bingeing and purging; use of laxatives or diuretics). There may be associated body image distortion. Include also compulsive exercising to prevent weight gain, and pica.

**25. Delusional Thinking**

Reality-distortion in cognitive functioning, for example, seeing things or hearing voices, or feeling followed/persecuted when they are not.

**26. Oppositional/Defiant**

The child is showing frequent evidence of several of the following: losing temper, swearing, arguing with adults, refusing directions, blaming others, deliberately doing things to annoy others.

**27. Aggressive**

The child engages in aggressive physical behaviour towards either adults or peers. This may be reactive to frustration or to intimidate others.

**28. Depressed**

A lowered mood state, often accompanied by one or more of the following: some hopelessness, changes in appetite and/or sleep pattern, excessive crying, difficulties thinking.

**29. Destructive**

Deliberately damaging objects of others or self.

**30. Temper Tantrums**

Lack of control of anger involving an outburst with heightened agitation, difficulty settling self, and/or physical displays of anger (e.g., stomping feet, kicking, yelling).

**31. Physical Abuse (Caretaker)**

Child was physically mistreated by an adult who had significant responsibility for the child's well-being (e.g., parental figure or primary caregiver). Note: Babysitter would be classified under #34 assaulted/molested (non-caretaker).

**32. Sexually Abused**

A primary caregiver involved the child in sexual activities such as fondling, masturbation, or intercourse (vaginal, anal or oral).

**33. Emotionally Abused**

A primary caregiver mistreated the child emotionally so that the child's needs for acceptance, nurturance, and affection were unmet/rejected/denied by caregiver.

**34. Assaulted/Molested (Non-Caretaker)**

Child was physically or sexually attacked or abused by an adult who did not have a role as a primary caregiver for that child (e.g., babysitter, neighbour, extended family member) or by another youth.

**35. Threatened (Non-Caregiver)**

Child was threatened in a serious manner with physical or sexual harm to themselves or to a loved one (include pets). Include persistent harassment (e.g., scary phone calls) if intimidating.

**36. Physical Sensory Disability**

Significant deficit in bodily functioning present (e.g., serious sight impairment, hearing impairment, quadriplegia).

**37. Diagnosed Learning Problems**

Any one of the following:

- a) **Developmental Reading Disorder (Dyslexia)**
  - reading markedly below school and intellectual level
  - disturbance significantly interferes with reading
  - not due to defect in visual or hearing acuity
  - not due to a neurological disorder
- b) **Developmental Arithmetic Disorder**
  - same as (a) but pertains to arithmetic skills
- c) **Developmental Language Disorder**
  - either (Receptive Type) problem in comprehension or oral language, or (Expressive Type) problem in expressing verbal language
- d) **Developmental Articulation Disorder**
  - failure to use expected speech sounds, not due to Pervasive Developmental Disorder, Developmental Disability, defect in hearing acuity or oral speech mechanism, or a neurological disorder
- e) **Developmental Expressive Writing Disorder**
  - same as (a) but pertains to writing skills

**38. Significant Physical Illness/Injury**

Any one of the following:

- a) **Demonstrable organic pathology (e.g., rheumatoid arthritis)**
- b) **Known pathophysiologic process (e.g., migraine headache)**
- c) **Physical impairment resulting in noticeable impaired functioning**

**39. Significant Separation From Family**

The child was separated from its family for a lengthy period due to illness, hospitalization, inability to provide, or conflict. For example, a child placed into a foster home, a child placed with relatives while parent in hospital.

**40. Death of Significant Other**

Death of someone who has been or who would normally be considered an important person (include valued pet).

**41. Family Disruption**

Divorce, separation, etc.

**42. Family Conflict**

**Significant and repeated conflict between/among some family members.**

**43. Wife Assault (Family Violence)**

Physical aggression by the male partner toward his female partner, either a single serious event or repeated occurrences of any nature.

**44. Family Alcoholism/Substance Abuse**

Alcohol or psychoactive substances taken by a primary family member in larger amounts or over a longer period of time than that family member intended, resulting in frequent impairment of psychological, physical and/or social functioning.

**45. Multiple Moves**

Family has experienced frequent residential moves, regardless of distance.

**46. Financial Stress**

Family reports very limited financial resources or significant loss of income.

**47. Family Health/Injury Problems**

Family member(s) experiencing significant health problem, e.g., acute (i.e., heart attack), chronic or following accident.

**48. Family Emotional/Psychiatric Problems**

Family member(s) experiencing mental health problems, i.e., of any emotional or psychiatric nature.

**49. Family Legal Problems**

Family member(s) involved in significant legal/court proceedings.



## ACCESS Report Format CHILDREN'S SERVICES

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The ACCESS report is a brief summary of information that will provide a foundation for planning and decision-making. The report format that follows is intended to assist Agency Service Coordinators in the preparation of their report. All of the information requested in the report format must be provided. The ACCESS report should be succinct, typically, no longer than 2 or 3 pages. Any recent report, i.e., a Predisposition Report or Court Ordered Assessment that continues to be an accurate reflection of the youth's current situation may be accepted as the ACCESS report. However, any Information not contained in the existing report that is required in the following report format must be submitted as an addendum.

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### INFORMATION SOURCES

- Identify sources of information that were key contributors to the report

### REASON FOR REFERRAL

- Provide an overview of the current situation
- Describe what has been happening recently that has led to this request for additional services and/or supports
- Comment on any previous attempts at community planning

### FAMILY

- Outline who resides in the home and describe the family constellation
- Provide a brief history of the youth's relevant family relationships and her/his relationships with other significant individuals, i.e., peers, Big Sister/Brother etc.
- Note any cultural, linguistic, socio-economic or other factors that are pertinent to this youth's request for services/supports
- Identify any custody and/or access arrangements that may impact the provision of services/supports and/or the sharing of information

### YOUTH'S PERSPECTIVE

- Describe the **individual's** view of what is required and what she/he hopes will be achieved
- Indicate the individual's preferences/wishes regarding the services/supports they hope to receive

### FAMILY PERSPECTIVE

- Describe the **family's** view of what is required and what they hope will be achieved
- Indicate the family's preference/wishes regarding the services/supports they hope to receive

### STRENGTHS

- What are the strengths that the youth identifies for him/herself and his/her family?
- What are the strengths that the family identifies for the individual and themselves?

## EDUCATION/EMPLOYMENT

- Identify the school the youth currently attends or the previous school if not currently enrolled. Discuss any past/present involvement in special education programs
- Comment on progress, attendance, attitude, behaviour, learning difficulties and vocational planning if applicable. Provide a summary of the school's perspective
- Attach or summarize any relevant educational assessments/reports that have been completed
- Include a summary of the youth's relevant employment experience

## MEDICAL

- Note any health factors for the child and/or family members that should be considered for treatment/planning purposes
- List any relevant medication (past or current), the reason for medication and the results/effects

## LEGAL

- Summarize any involvement the youth has had with the legal system, past and present (i.e., police occurrences, on probation, current/pending charges, detention/custody status)
- Describe any history of violent offenses/behaviour that should be considered during the planning/decision making process

## PAST/PRESENT AGENCY INVOLVEMENT

- List all agency involvement (past and present) in chronological order using the same format as the following **SAMPLE**

### Past/Present Agency Involvement

Service Provider/Professional <b>CPRI</b>	Contact Name <b>JOHN DOE</b>	Telephone Number <b>858-2774 ext 1234</b>
Address of Service Provider <b>SANATORIUM ROAD</b>	City/Town <b>LONDON</b>	Postal Code <b>N6H 3W7</b>
Type of Involvement <b>ANGER MANAGEMENT GROUP</b>	Date of Involvement <b>(From) January 22, 2001 (To) March 28, 2001</b>	
Goals <b>ANGER MANAGEMENT</b>	Outcome <b>LEFT GROUP PRIOR TO COMPLETION</b>	

## RECOMMENDATIONS

- Provide a summary of your recommendations relative to the youth/family overall service/support needs
- Describe your agency's plan for future/ongoing involvement with this youth/family

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**On the last page of the document, please indicate the name of the report's author and the date the report was completed.**

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**ACCESS Consent Form**  
(See back of form for instructions)

I, \_\_\_\_\_, \_\_\_\_\_ of \_\_\_\_\_  
Last Name First Name Address

hereby consent to the sharing of information to and from the following:

- Local/Service System Resolution Team
- Community Services Coordination Network
- WrapAround
- Other (please specify) \_\_\_\_\_  
\_\_\_\_\_

**In respect of (select at least one)**

- Myself Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_
- Child/Youth Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_
- An Adult With a Developmental Disability Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**For the purpose of (select at least one)**

- Service Coordination
- Other (please specify) \_\_\_\_\_

**Description of the information to be shared (select one):**

- Any pertinent information
- Specifically the following information:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**This consent is valid for the following period: (select one)**

- One year from date of signature
- Other (specify length of time from date of signature) \_\_\_\_\_

I understand that I may revoke this consent in writing at any time.

\_\_\_\_\_  
Signature Relationship (if applicable) Date

## ACCESS Consent Form Instructions for completion

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- If the consent form is being completed manually, please print ensuring that the document is legible
  - The form must be completed in its entirety, i.e., each statement (bold text) must be followed by a response
  - Forms completed incorrectly will be returned. This will delay the process
  - Consent must be **informed** – the individual giving consent to share information must understand the intent
  - In order to be valid the consent form must be **both** signed and dated
  - Please use **Section Six (page 3)** of the **ACCESS Form** to list any agencies/individuals that the individual/family would prefer **NOT** participate in the Resolution Process
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### Service Coordination Local/Service System Resolution Teams

The Coordinated Access to Service model includes a two level resolution process (Local and Service System).

In order to facilitate effective service coordination, representatives from various community agencies will be asked to participate in the 'resolution' process. In order to ensure that the most appropriate, helpful plan is developed, Resolution Team members will review personal information that is pertinent to the service coordination process.

Once the **ACCESS Consent Form** is signed by an appropriate individual capable of giving consent on their own behalf or by an individual with the authority to consent to the disclosure of information on behalf of another individual, i.e., a parent on behalf of a minor child) relevant information may be shared with members of the resolution team as appropriate.

**Resolution teams MAY include representation from any of the following program areas:**

#### ***Children's Services***

- Children's Mental Health
- Child Welfare
- Family Service Agency
- Developmental Services
- Board of Education and/or child's school
- Residential Service Providers
- Probation Services
- Health
- Special Services at Home
- Placement Student (Social Services area of study)

#### ***Adult Services***

- Developmental Services
- Family Service Agency
- Employment Services
- Board of Education and/or individual's school
- Special Services at Home
- Mental Health
- Health
- Placement Student (Social Services area of study)