
AIR Referral information and fillable PDF.

General Information:

Please find enclosed the material you will need to make a referral to Access Information & Referral for children's developmental services and supports in Guelph and Wellington County. There is no fee for the individual user.

Eligibility:

Ministry Funded services and supports are available to individuals up to the age of 18 who have an intellectual disability and/or an autism spectrum disorder.

A referral can be made by the individual or their legal guardian. AIR will also accept referrals from extended family members, family physicians, or any agency acting on the individual's/family's behalf, as long as a signed consent form has been completed by the individual or their guardian. This must be included in this referral package.

The consent of individuals 16 years of age or older who are able to understand the implications of assessment/treatment is required when facilitating a referral on their behalf.

Documentation in the form of an assessment report/letter which confirms a diagnosis of an autism spectrum disorder and/or an intellectual disability is required. Please note that a letter simply stating a diagnosis without providing supporting assessment information is not sufficient to confirm eligibility for AIR and subsequent MCCSS funded developmental services.

For eligibility criteria, please refer to the AIR web page available at www.compasscs.org

NOTE *Please include all applicable documentation to this referral package. ie: Diagnostic documentation, custody documents as required, and consent forms if applicable. Insufficient documentation will delay this process.*

Once the referral package is completed, please send the fillable PDF along with the required supporting documentation to AIR@compasscs.org or faxed to attention AIR at 519-824-3598 or by mail to: AIR, 20 Shelldale crescent, Guelph N1H1C8

If you have concerns or questions about our agency's policies regarding eligibility for children, under 18 years of age, please contact AIR directly at 519-824-4015 or email AIR@compasscs.org

Eligibility for adults, 18 years or older, is determined by Developmental Services Ontario (DSO).

Please call 519-894-1153, Ext. 2907 or 2910 to make a referral to DSO.

What Happens Next?

After receiving a completed referral form and the required supporting documentation verifying eligibility for AIR and MCCSS funded services, you will receive a Referral Confirmation letter by mail or email within 8 to 12 weeks. This will be followed by contact from the AIR Service Coordinator to arrange an initial Intake Appointment. The wait for an appointment can vary depending on referral volumes and may take up to up to 3- 5 months.

If you have not received a Referral Confirmation letter from us after 12 weeks, please call 519-824-4015, so that we can avoid any further delays

Thank you for your referral.

AIR Client Referral Form

Date of Referral: _____

Client Information

Client Name First: _____ Middle: _____ Last: _____

Date of Birth (Day / Month / Year) : _____ Age: _____ Gender: _____

Clients Address: _____

Diagnosis: ASD Intellectual Disability Both Other _____

School Attending _____ Day Care Attending _____

Parent /Guardian Information

Parent / Guardian Name (s): _____

Address (If different from Client's): _____

Primary Contact Name: _____

Primary Contact Phone : _____ E-Mail _____

Alternate Guardian Phone : _____

Custody Information:

Custody Agreement In place: N/A YES NO

Legal Agreement in place : YES NO

If YES, Please ATTACH custody agreement- I have attached the custody agreement :

If NO, please provide details of custody arrangement:

*Incomplete Information will delay the referral process.

Referral Source (if other than parent)

Client/Parent/Guardian permission received to facilitate this referral: YES NO

Referred by: _____

Agency name / Address: _____

Phone number of referral source: _____

A consent form signed by client or Legal Guardian must be attached.

I have attached the consent form to this referral:

Additional Details Required

Clients Family Doctor's Name: _____

Doctors address: _____

Doctors Phone Number: _____

Health Card Number: _____

Is the Applicant legally entitled to live in Canada and is a resident of Ontario? (examples: Citizen, landed Immigrant, holder of a Minister's Permit, refugee entitled to live in Canada). YES NO

Note* a copy of supporting documentation may be requested.

Clients Siblings names and DOB (if applicable)

Name: _____ DOB _____

Name: _____ DOB _____

Name: _____ DOB _____

Name: _____ DOB _____

Name: _____ DOB _____

Interpretation Required? YES NO Language: _____

Access Information & Referral (AIR) can schedule a meeting with you to discuss Ministry of Children Community and Social Services (MCCSS) funded developmental services and resources for children 0-18 years of age living in Guelph and Wellington County.

Please Indicate which services/resources you are currently accessing and which you would like to discuss further during the meeting with the AIR service coordinator.

Service / Resource	Applied for or registered and accessing	Would like further information
Access 2 Entertainment Card		
PAL Card		
Kerry's Place Autism Services		
Kids Ability		
CMHAWW		
DCAFS/ Coordinated Service Planning		
Hopewell Children's Homes		
Ontario Autism Program		
Special Services at Home (SSAH)		
Disability Tax Credit		
Easter Seals Incontinence Grant		
Assistance for Children with Severe disabilities (ACSD)		
Ontario Health		
Dufferin Wellington FASD		

Other: _____

Please Note: * AIR does not provide information or make necessary referrals for the following rehabilitation services:
Speech & Language therapy, Occupational Therapy or Physiotherapy. Please connect with Kids Ability or Ontario Health.

Referral Checklist

Completed all sections of the AIR Client Referral Form: YES

Attached Consents from referral source: YES or N/A

Attached Diagnostic Information: YES

Attached Custody Agreement (if applicable): YES