Region of Waterloo
COMMUNITY SERVICES

Special Needs Access Point (SNAP)
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:

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

I, _____, give 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 agency(s) listed above. KidsAbility assessments (if applicable) will be scheduled at the childcare 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

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Region of Waterloo Special Needs Access Point - New Service Referral Form

For children who have a **previously completed** SNAP Intake and Referral form

Referral Source and Contact Information

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

_____ _____ _____
ELCC/Agency Name Phone/Ext. Email

Child and Family Information

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

If there are **changes** to the following information please update below:

Address: _____ City: _____ Postal Code: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Child lives with: ☐ Parent ☐ Parent ☐ Foster Parent/Guardian ☐ Other: _____

Custodial parent/guardian: ☐ Both Parents ☐ Other: _____
(name and relationship to child)

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

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Child Care Information

Name of licensed **child care centre**: _____ Classroom:_____

If the child is attending licensed **home child care** please complete the following:

Provider Name: _____

Address:_____ City:_____ Postal Code:_____

Phone number: _____ Email: _____

When does the child attend the child care centre or home child care setting?

☐ Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri ☐ Full Days ☐ Mornings ☐ Afternoons

Developmental Information

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

_____
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Please **FAX** or **MAIL** this form to the:

Resource Coordinator, Special Needs Access Point
Region of Waterloo, Children's Services
99 Regina Street S., 5th Floor
Waterloo, ON
N2J 4G6
Fax: 519-883-4288

Referrals received by email will not be accepted

Questions can be directed to Michelle Mundy, Resource Coordinator, Special Needs Access Point by calling 519-883-2022 or by email to snap@regionofwaterloo.ca

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For SNAP Use Only

Date Referral Received: _____

Date Referral Processed: _____

Referred to:

KW Habilitation ☐ Resource Consultant

KidsAbility ☐ SLP

☐ OT

☐ PT

☐ Kinesiology

☐ OT- Partnering for Change

SNAP Comments:

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