REFERRAL & INTAKE FLOWCHART FOR





Complete age appropriate E.R.I.K.

All "yes" checks on E.R.I.K.

One or more "no" on E.R.I.K. or any "RED FLAG"

Parenting/Community program

Next age point Repeat E.R.I.K.

Completed E.R.I.K. form faxed to Central Intake at 905-762-2099
Intake worker phones family to triage next steps

Speech and Language delay/difficulty only

Level 1 Preschool
Speech & Language

Symptoms of communication and/or other delays, including social and global

Initial Service Planning Meeting with Early Intervention Services and/or

Level 2 Preschool Speech & Language

If indicated, further referrals initiated e.g. to Children's Treatment Network Developmental Assessment and Consultation Services (DACS)

Multiply Handicapped
Complex physical, developmental
and communication needs

Initial Service Planning Meeting with Early Intervention Services

Level 2 Preschool Speech & Language

Early Intervention Services initiates Children's Treatment Network specialty services as necessary Minor or Other issues e.g. Social/Emotional or Parent and family issues

Minor: Family counseled & to re-refer if needed

Other issues: Referral to Community partners e.g.

- 0-6 Children's Mental Health Services
- Health Connections
- Healthy Babies
 Healthy Children

Intake To Contact Referral Source After Next Steps Initiated

Central Intake for York Region Early Intervention Services and Preschool Speech & Language Program Phone: 1-888-703-KIDS Fax: 905-762-2099