

SNAG Mandate:

- To advise professionals serving children, ages 0 yrs. to their 18th birthday, who have a developmental disability, dual diagnosis and/or complex medical needs, when Service coordination strategies at the local level have been exhausted
- To provide a venue for service providers to problem solve with other community partners in order to try to resolve service issues identified in planning for a child's needs.
- To identify situations that require a multiple sector response and need to be reviewed at the CSSRC
- To identify gaps in the system when a child requires multiple services, has complex special needs and/or when limits exist on agency mandates and the mandates of the Ministries.

Presenting at Special Needs Advisory Group (SNAG)

Information about presenting at SNAG and the Referral Form may be obtained from Claire Olorenshaw, colorensaw@respiteservices.com or 416-322-6317 x 2.

All referrals must be typed, saved in Word and submitted a minimum of 10 days prior to the expected presentation date. The Special Needs Advisory Group for Children meets 2nd Monday of each month (unless otherwise indicated). It is recommended that prior to making a referral to the Special Needs Advisory Group the representative for your agency be consulted (see list below). If your agency is not represented at SNAG referrals must be submitted 14 days prior to the expected presentation date for review by the Co-chairs of SNAG. On occasion the Co-chairs may determine that other avenues should be pursued before a presentation at SNAG occurs: i.e. respiteservices.com out of home or in home respite options to be utilized.

Upon approval for presentation the named referral source will receive confirmation of their presentation date, time and location. **No presentation spots will be reserved without the receipt of the SNAG Referral Form (please see below).**

On the day of the meeting please arrive a few minutes before your scheduled presentation time. You will be introduced to the members and given an opportunity to present the situation and discuss the challenges you are experiencing. SNAG Member are here to support you and provide advice, they may ask questions for additional details/clarification. The members will provide recommendations which will be shared with the presenter in written form (SECTION E) within one week of the meeting. It is the responsibility of the primary presenter to share this information all relevant parties.

SPECIAL NEEDS ADVISORY GROUP FOR CHILDREN (SNAG) | 2016

Membership:

Name	Agency
Adrineh Bennett	Community Living Toronto
Natalie Healy-Co-chair	Delisle Youth Services
Suzanne Meagher	Surrey Place Centre
Christine Head	Native Child
Andrew Kajioka	Toronto CAS
Blair Coombs	Youthlink
Angela Kaushal	GCA
Janett Strachan	respiteservices.com
Deanna Dannell	Griffin Centre
Erin Sclisizzi	Catholic Children's Aid Society
Gerry Bernicky	TRE-ADD
Heather Clarke	Toronto CAS
Irene Au	Community Care Access Centre
Carmela Campanella-Borraccia-Co-chair	respiteservices.com
Lisa Benrubi	Delisle Youth Services/SNT
Lucy DiPalma	FST/Delisle Youth Services
Mahal Hudson	Manager, Community Living Toronto
Marnie Wohl-Benett	Family Services Toronto
Paula Alves	Family Services Toronto
Roger Smith	YOUTHLINK
Tejvinder Parmar	Kerry's Place for Autism Services
Meagan Blunt	Surrey Place Centre

To initiate a referral to the Special Needs Advisory Group (SNAG) complete the attached form and return to colorenshaw@respiteservices.com or call 416 322 6317 x2 for more information.

REFERRAL FORM:

Date of Referral:		
Client's initials:		
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	D.O.B:	Age:
Diagnosis: Check all that apply		
<input type="checkbox"/> ASD	<input type="checkbox"/> Down Syndrome	<input type="checkbox"/> Complex Medical Needs
<input type="checkbox"/> CP	<input type="checkbox"/> MID	<input type="checkbox"/> Genetic
		<input type="checkbox"/> CP <input type="checkbox"/> FASD
		<input type="checkbox"/> LD <input type="checkbox"/> ADHD
Other:		

CONSENT: The Service Coordinator/client representative submitting this referral confirms that she/he has the written consent of the parent/legal guardian on file and where required the SNAG representative for their agency has approved the referral be submitted.

SECTION A: Contact Information (To be completed by Referral Source)

Referral Source (Name and Title)
Agency/Organization:
Address:
Email:
Phone #:
Fax #:
Additional Presenters : This is an advisory table for professionals only. Family members are not expected to attend. Provide the name, title and role of each presenter who will be joining you

SECTION B: Immediate Concerns

<input type="checkbox"/> Service Gap	<input type="checkbox"/> School/Child Care	<input type="checkbox"/> Justice System	<input type="checkbox"/> Family
<input type="checkbox"/> Financial Support	<input type="checkbox"/> Behavioural	<input type="checkbox"/> Child Welfare	<input type="checkbox"/> Other:

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Briefly explain the current situation/reason for your presentation: (use point form)
Briefly describe clients abilities and limitations:
Provide summary of recent service history (last 12 months)

SECTION C: Funding Request

Type of support required:	
<input type="checkbox"/> Transportation <input type="checkbox"/> Staffing <input type="checkbox"/> Specialized Services <input type="checkbox"/> Other:	
Current Funding:	
SSAH Yearly Amount:	<input type="checkbox"/> waitlist
ACSD Monthly Amount:	<input type="checkbox"/> not eligible
Briefly explain why additional funding is required and how it will be used:	
Future Plan/fade out strategy:	

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Billing details (Provide the mailing address to which the payment will be sent)
Hourly Rate:
Number of Hours:
Number of Days:
Request Total:

SECTION E: SNAG Recommendations (To be completed by SNAG Coordinator)

Date of SNAG Presentation:

SECTION F: Update (If an Update is required please use the space below and re-submit to colorenschaw@respiteservices.com one week prior to scheduled presentation.)

Date of Update :
Presenter: Provide contact information if different from original referral.