

Disability Support Outreach Service Connection Form

This information will be used to connect you to the Disability Support Outreach Service. The Allied Health Supports Manager and Clinical Coordinator will review your information to make sure that the supports offered by the Disability Support Outreach Service meet your needs. This will help ensure you receive the best support to achieve your goals.

Personal Information

This information will ensure you are connected to the Disability Support Outreach Service in your area and that they are able to contact you.

First Name	
Last Name	
Pronouns	
Home Address	
Phone Number	
Service Provider Name <i>(if applicable)</i>	
DSP LAC/IPSC Name	
DSP LAC/IPSC Phone Number	
Name of Person Making Referral <i>(if not the individual themselves)</i>	
Contact Person's Name & Relationship to Individual Being Referred <i>(if not the above noted person)</i>	
Contact Person's Phone Number	
Individual Referred is Aware Referral is being made	<input type="checkbox"/> YES <input type="checkbox"/> NO <i>(if no, provide details below)</i>
If 'No' was selected above, please explain why	

Reason for Referral

This information will help the Disability Support Outreach Teams determine how they can best support you. Consider what is happening in your life right now that is leading to the need for additional support and how it is impacting you. It may also be helpful to think about whether you have had similar experiences or worked with any allied health professionals in the past. This information will help to ensure that you receive support from the right professional and in a way that builds on past successes.

1. What would you like from the Outreach Team? *For example, you recently moved into your own apartment but are now finding it difficult to step into the shower, or you would like to learn more about nutrition and healthy meal planning.*

2. How does this impact your daily life and well-being? *For example, you are worried that you will slip or fall when getting into the shower and hurt yourself. Or perhaps, you are worried that without support, your walking/mobility will get worse, and it will make it challenging to do daily errands.*

3. Have you ever received help for this or something similar in the past? If yes, from who? *For example, perhaps you have worked with a physiotherapist in the past to improve your strength, or you have worked with a behaviour interventionist to come up with strategies to manage frustration.*

4. If you have received support in the past, was it helpful or not helpful and why? *For example, when sharing a health concern in the past, perhaps you felt that the healthcare worker did not fully listen to your concerns.*

5. Do you have a professional(s) in mind that you think could help you best with your goal? You can choose more than one if you think it would be helpful.

<input type="checkbox"/> Occupational Therapist	An occupational therapist can help to facilitate independence and participation in activities that are meaningful to you. These activities could be daily things you need to do, such as getting dressed, showering, and using the washroom, or activities such as learning to cook, finding new hobbies, or learning to use public transportation.
<input type="checkbox"/> Physiotherapist	A physiotherapist can support you in improving or maintaining your mobility, reducing pain, improving your strength, or meeting your general fitness goals.
<input type="checkbox"/> Dietitian	A dietitian can support you with making food choices and meal planning to address your specific health conditions or meet your overall wellness goals. They may also provide general food and nutrition education.
<input type="checkbox"/> Psychologist	A psychologist can support you through completing screening or specific assessments for mental and behavioural health conditions.
<input type="checkbox"/> Social Worker	A social worker can support you by offering emotional and therapeutic support, counselling, and coordination while helping you navigate life's challenges.
<input type="checkbox"/> Board Certified Behavioural Analyst (BCBA) or Behaviour Interventionist	A BCBA can support you in determining strategies to reduce behaviours that are impacting your participation in your daily life. A BCBA may also work with your support network so that they are better able to support you every day.
Speech Language Pathologist (SLP)	A SLP support you with addressing challenges in communication (i.e., expressing yourself, understanding others, using alternative communication methods) and can assess and support safe eating and swallowing.

Other Supports Explored

1. Do you have access to private health insurance coverage? *For example, through an employer or a family member?*

2. Before reaching out to the Disability Support Outreach Service, what other supports or services did you explore? *For example, you contacted Community OutpatientPhysiotherapy through Nova Scotia Health, but they do not currently have a physiotherapist employed in your area.*

3. **Is there anything we should know about your preferences when working with health professionals?** *For example, you would feel most comfortable if a particular family member or support staff was with you during the visits, or you would prefer to meet somewhere in your community versus your home.*

Acknowledgment of Referral

The Department of Opportunities and Social Development (OSD), under the Government of Nova Scotia, collects only the minimum personal information required as authorized by the Freedom of Information and Protection of Privacy Act (FOIPOP) and/or relevant program legislation.

OSD will only use or disclose your information for another purpose if it is authorized by law or if you provide your express written consent.

For more information on how the Government of Nova Scotia protects your privacy, review our full privacy statement online by visiting **<https://www.novascotia.ca/privacy>**. If you have further questions about how your personal information is handled in relation to department programs and services, contact your assigned OSD worker.

☐ I have read and understand this referral is being made for the reasons provided in this form and that my information will be shared within OSD and with Disability Support Outreach Service professionals to connect me with the supports I need to meet my needs and goals.

Name:

Date (mm/dd/yyyy):