

Coordinated Service Planning (CSP) Update Form

CONFIDENTIAL

Fax to 613-961-2529

Questions? Call 613-969-7400 x 2247

Q1: Apr to Jun

Q2: Jul to Sep

Q3: Oct to Dec

Q4: Jan to Mar

*** All Community Planning Coordinators who Lead a CSP must submit this form at least quarterly.
Due by the 10th day of the month following each quarter end**

A. Updater Information:		
Name (Referring Individual):		
Contact Phone #:	Date:	
Agency/Organization:		
B. Child / Youth Information:		
Last Name:	First Name:.	
Date of Birth:	Sex: F <input type="checkbox"/> M <input type="checkbox"/> Other <input type="checkbox"/>	
Family email address:		
C. Information Update:		
i. First meeting with the family <input type="checkbox"/>	Meeting Date:	
ii. Initial CSP completed <input type="checkbox"/>	Meeting Date:	
<i>* Please fax copy of CSP document with this form</i>		
iii. Change or update to existing CSP <input type="checkbox"/>	Frequency CSP will be monitored:	
<i>* Please fax copy of CSP document with this form</i>		
iv. Change file to inactive status <input type="checkbox"/>		
v. Change file from inactive status to active status <input type="checkbox"/>		
vi. Change file to discharge status <input type="checkbox"/>	Discharge Date:	
Reason for discharge:	<input type="checkbox"/> Age (18 if not in school or 21) <input type="checkbox"/> Goals met; CSP no longer needed <input type="checkbox"/> Family Request <input type="checkbox"/> Move out of region <input type="checkbox"/> Unable to reach family	
vii. Change to contact information <input type="checkbox"/>	Who:	
Address:		
City:		Postal Code:
Phone:		
viii. Change to service providers <input type="checkbox"/>		
Service Name	Contact Name and Phone #	Add or Remove?

ix. Change to HPEN consent form

* Please fax copy of Consent Forms with this form

D. CSP Data Tracking:

*** for this quarter only**

Direct Contact: person-to-person contact (in person or on the phone) with the child/youth/family

Each square represents ¼ hr (15minutes) of time. Track number of visits and time spent by placing visit number in as many boxes as needed to reflect session length

Sample direct	1	2	3	3	3	3	4	4	5	6	7	7	8	8	8	9
Totals:	# of Visits: 9								Direct hours: 4							
Totals:	# of Visits:								Direct hours:							

Indirect Contact: case planning, coordination etc. done without the child/youth/family

Each square represents ¼ hr (15minutes) of time. Track visit time by placing an X in as many boxes as needed

Sample Indirect	X	X	X	X	X	X	X	X	X	-	-	-	-	-	-	-
Total:	Indirect hours: 2.25															
Total:	Indirect hours:															