



Oregon Center for Children and Youth with Special Health Needs (OCCYSHN)

Community Connections Network:
*linking health, education and community services through
a network of community-based teams*

(Team Name) CCN

Date

Sample of letter to parents.

Parents' name(s)
address
City

Dear **Parent's Name:**

Thank you for considering referral to our Community Connections Network Team for **(Child's name)**. As a coordinator for the team, I would like for you to know that we are here to serve the needs of [county or catchment area]'s children and families and your concerns are our priority

Your appointment is scheduled for:

Date:
Time:
Location:

The appointment is expected to last about _____ hours.

The Community Connections Network Team is a group of community providers who serve children and families in our local area. We will meet with you to discuss health and related concerns about your child, develop a plan of care and assist with access to available services. All aspects of the team meeting are confidential. You will not be personally billed for services provided during the team meeting.

Depending on the needs of your child and family, the meeting may include

- Members of your family and your child Health care and mental health professionals
- Early Intervention personnel, School health or educational service district representatives or other school personnel
- Representatives from social service agencies, like Developmental Disability Services
- A Family Liaison – a family representative who is an experienced parent of a child with special health needs
- Other professionals involved in your child's care such as your child's doctor, teacher and any other providers requested by the family

You may bring anyone to the CCN team meeting important to you and your child. You will have the opportunity to ask questions, hear team member recommendations and participate in care planning. Our team is looking forward to meeting with you on [date]. If you have any questions about the Community Connections Network Team, the referral process, or how the team meeting works, please give me a call at **(Phone number)**.

Sincerely,

Coordinator's name
Community Connections Network Coordinator