Are appointments reserved over email?



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Nature of Service/Resource (Select one of more that apply): ☐ Telehealth ☐ Web-based informational In-person Section 1: What is general information about the services/resources? Name of service/resource Name of director and/or clinical coordinator Title (Dr., etc.) Phone number **Email Address** Location Website Section 2: Select one or What is the services/resources method of initial **Comments** access? more that apply Are appointments reserved over the phone?

Mental Health Matters Research Project



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Are appointments reserved on an online booking portal?	
Are services care by transfer (e.g., direct transfer from healthcare service to mental healthcare)?	
Was there no method necessary (e.g., web-based informational)?	

Section 3:

What are the admission/participation criteria for the service/resource?	Select one or more that apply	Comments
Specific Disability, If yes, specify what disability		
Age of the child (Years)		
Cost		
Language (e.g., only in English or French), If yes, specify what language		
Referral		
Wait-list		
Geo-location		



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Section 4:

Who does the service/resource target? (Does the program address the needs of the child, the parent, or both? If both specify details for each group and if there are any differences).	Select one or more that apply	Comments			
Child					
Parent					
Both (Family)					
Section 5:					
What is the goal/focus of the service/resource?	Select one or more that apply	Comments			

Assessment Intervention Follow-up Crisis/emergency management Redirection Other



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Any other pertinent information that you would like to share with us about this program:						