

AGENCY REFERRAL FORM

It is suitable to make a referral to TRiP’s 11UI or twelve&up initiative if you have detected behaviours or conditions that place a child/youth in a place of vulnerability. Elements to consider for a referral to TRiP are:

- The child/youth exhibits multifaceted behavioural challenges.
- The child/youth is showing or is affected by composite risk factors.
- Previous engagements in services have shown little progress in the child/youth.
- The child/youth has experienced personal, situational, and/or institutional barriers to services and support.
- After having explored other options, the referring agent considers TRiP to be the best option.

IMPORTANT NOTE: By completing this form, you are acknowledging that you have spoken to the client about TRiP and have gained their understanding concerning an opportunity for coordinated support through The Regina Intersectoral Partnership’s 11UI or twelve&up initiatives.

INITIAL HERE: _____

This form will be used to gather the limited amount of information needed on a client to pursue the intake process.

Date of Referral:	
Referring Agent Name:	Phone:
Referring Agency:	Email:
Describe agency role/relationship with the client:	Duration of relationship:
Child’s Full Name:	Birthday:
Is child regularly attending school? __ Yes __ No	Are parents involved in their child’s school? (e.g. volunteer, support activities, encourage attendance) __ Yes __ No
Child’s School: <i>(if not attending, indicate reason)</i>	Grade:
Primary Caregiver Name:	Relationship:

Caregiver Address:	Caregiver Phone:	Caregiver Email:
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What risk categories are relevant to your referral of this individual to TRiP?

<input type="checkbox"/> alcohol	<input type="checkbox"/> physical violence victim	<input type="checkbox"/> parenting concerns
<input type="checkbox"/> drugs	<input type="checkbox"/> physical violence perpetrator	<input type="checkbox"/> housing
<input type="checkbox"/> gambling	<input type="checkbox"/> emotional violence victim	<input type="checkbox"/> poverty
<input type="checkbox"/> mental health	<input type="checkbox"/> emotional violence perpetrator	<input type="checkbox"/> negative peers
<input type="checkbox"/> cognitive impairment	<input type="checkbox"/> sexual violence victim	<input type="checkbox"/> anti-social behaviour
<input type="checkbox"/> physical health	<input type="checkbox"/> sexual violence perpetrator	<input type="checkbox"/> unemployment
<input type="checkbox"/> suicide	<input type="checkbox"/> elderly abuse perpetrator	<input type="checkbox"/> missing/runaway
<input type="checkbox"/> self-harm	<input type="checkbox"/> poor supervision	<input type="checkbox"/> threat to public safety
<input type="checkbox"/> criminal involvement	<input type="checkbox"/> basic needs	<input type="checkbox"/> gangs
<input type="checkbox"/> crime victimization	<input type="checkbox"/> missing school	<input type="checkbox"/> social environment
<input type="checkbox"/> other (<i>explain</i>):		

What are some of the concerns that have led you to make this referral? (please explain)

What efforts have been made for this child?

Has the child/youth encountered any personal, situational or institutional barriers to support/services? (e.g. transportation, parental support, financial barriers)

That you are aware of, what agencies are CURRENTLY involved in providing services or supports to this individual?

That you are aware of, what agencies have PREVIOUSLY been involved in providing services or supports to this individual?

To be completed by TRiP Referral & Intake Officer Only		
		Referral Received Date: _____
Date/time caregiver contacted:	Verbal consent given: <input type="checkbox"/> yes <input type="checkbox"/> no	Other Notes:

Please return completed form to TRiP's Referral & Intake Officer:
Melinda Lalach (306)-523-3024 mlalach@reginapolice.ca