

CAREGIVER REFERRAL FORM

By completing this form, you are communicating to The Regina Intersectoral Partnership that you feel your child would be well served by the coordination of supports provided by partner agencies involved in either the 11UI or the twelve&up Initiative. This form does not substitute as consent to participate. An intake interview and follow-up communication among human service providers regarding your child will be required.

Child's Full Name:		Birthday:
School Attending: <i>(if not attending, indicate reason)</i>		Grade:
Primary Caregiver Name:		Relationship:
Address:	Phone:	Email:
What are some of the concerns about your child that have led you to make this referral?		
Has your child received support for any of your concerns in the past? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, please explain:		
Is your child currently receiving support from any of the following services? <input type="checkbox"/> mental health <input type="checkbox"/> social services <input type="checkbox"/> school counsellor <input type="checkbox"/> addictions <input type="checkbox"/> corrections <input type="checkbox"/> other: _____		

Please return completed form to the following TRiP sector representative:

_____ Or by Calling the Intake & Referral Officer at 306-523-3024