

It is suitable to make a referral to TRiP's 11 and Under Initiative (11UI) or twelve&up Initiative if you have :

detected behaviours or conditions that place a child/youth in a place of vulnerability.

(during the initial implementation period of twelve&up the primary focus is on 11UI clients aging out of 11UI and youth transitioning from grade 8-9)

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.
- If TRiP is deemed to be the most appropriate approach then:
 - complete the Agency Referral Form;
 - inform the parent/guardian of TRiP and why you are making a referral (suggested conversation points below);

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: _____

Example Only

- advise the caregiver that once you submit the Agency Referral Form, the Intake & Referral Officer (I&RO) will contact them directly, generally within 3 business days of receiving the referral.
- If the Agency Referral Form is missing key information, the I&RO will contact you to obtain the required information. Please take the time to be thorough on the initial submission.

Suggested Conversation Points with Caregiver

About The Regina intersectoral Partnership (TRiP):

- 11 and Under Initiative (11UI) is a prevention and early intervention initiative;
- twelve&up is an intervention and integration initiative;
- both 11UI and twelve&up support children who are exhibiting behaviours or conditions that place a child/youth in a place of vulnerability;
- by focusing on coordinated service support, reduction of barriers to pro-social activities, and school engagement, both 11UI and twelve&up aim to generate risk reduction, and ultimately reduced vulnerability of children and their families.

What the Parent/Guardian should know:

- the child/youth's participation in 11UI or twelve&up is voluntary and requires parent/guardian consent;
- it is important for the caregiver to recognize that they have an important role on influencing the child/youth's behavior;
- the caregiver is advised that there is an expectation of their involvement in all case conferences and other activities to support the agreed upon plan;
- failure to participate may result in a discontinuation of support from the initiative.



Please return completed form to TRiP's Referral & Intake Officer:

Melinda Lalach (306)-523-3024 mlalach@reginapolice.ca



AGENCY REFERRAL FORM

Internal Use Only

Date Received at TRiP office: _____

Assigned TRiP ID: _____

11UI Referral: _____ **OR** twelve&up Referral: _____
(check only one)

Male: _____
Female: _____

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 position 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 there has been an informed conversation with the client and caregiver about TRiP. You feel confident that you have gained their understanding regarding an opportunity for coordinated support through The Regina Intersectoral Partnership's 11UI or twelve&up initiatives.

if so, please 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:
FOR SCHOOL REFERRALS ONLY	
Please list who from the school team support knows about and supports this this referral:	
___ School Counsellor	
___ Family Support Worker	
___ LRT / EA	
___ School Resource Officer	

Please return completed form to TRiP's Referral & Intake Officer:

Melinda Lalach (306)-523-3024 mlalach@reginapolice.ca

Child's Full Name:		Male/Female	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:																																	
What risk categories are relevant to your referral of this individual to TRiP?																																				
<table border="0"> <tr> <td><input type="checkbox"/> alcohol</td> <td><input type="checkbox"/> physical violence victim</td> <td><input type="checkbox"/> parenting concerns</td> </tr> <tr> <td><input type="checkbox"/> drugs</td> <td><input type="checkbox"/> physical violence perpetrator</td> <td><input type="checkbox"/> housing</td> </tr> <tr> <td><input type="checkbox"/> gambling</td> <td><input type="checkbox"/> emotional violence victim</td> <td><input type="checkbox"/> poverty</td> </tr> <tr> <td><input type="checkbox"/> mental health</td> <td><input type="checkbox"/> emotional violence perpetrator</td> <td><input type="checkbox"/> negative peers</td> </tr> <tr> <td><input type="checkbox"/> cognitive impairment</td> <td><input type="checkbox"/> sexual violence victim</td> <td><input type="checkbox"/> anti-social behaviour</td> </tr> <tr> <td><input type="checkbox"/> physical health</td> <td><input type="checkbox"/> sexual violence perpetrator</td> <td><input type="checkbox"/> unemployment</td> </tr> <tr> <td><input type="checkbox"/> suicide</td> <td><input type="checkbox"/> elderly abuse perpetrator</td> <td><input type="checkbox"/> missing/runaway</td> </tr> <tr> <td><input type="checkbox"/> self-harm</td> <td><input type="checkbox"/> poor supervision</td> <td><input type="checkbox"/> threat to public safety</td> </tr> <tr> <td><input type="checkbox"/> criminal involvement</td> <td><input type="checkbox"/> basic needs</td> <td><input type="checkbox"/> gangs</td> </tr> <tr> <td><input type="checkbox"/> crime victimization</td> <td><input type="checkbox"/> missing school</td> <td><input type="checkbox"/> social environment</td> </tr> <tr> <td><input type="checkbox"/> other (explain):</td> <td></td> <td></td> </tr> </table>				<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 (explain):		
<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 (explain):																																				
What are some of the concerns that have led you to make this referral? (please explain)																																				
That you are aware of, what agencies have PREVIOUSLY been involved in providing services or supports to this individual?																																				
<input type="checkbox"/> School counselor (if so, who? _____) <input type="checkbox"/> School Resource Officer (if so, who - _____) <input type="checkbox"/> Family Support Worker (if applicable) <input type="checkbox"/> LRT / EA <input type="checkbox"/> Child & Youth <input type="checkbox"/> Autism Centre <input type="checkbox"/> Family Service Regina <input type="checkbox"/> Dreambroker <input type="checkbox"/> Ministry of Social Services																																				

Please return completed form to TRiP's Referral & Intake Officer:

Melinda Lalach (306)-523-3024 mlalach@reginapolice.ca

Regina Fire Department (prevention)
 Aboriginal Family Services
 Fox Valley
 Cognitive Disability
If there are others, please describe:

That you are aware of, what agencies are CURRENTLY involved in providing services or supports to this individual?
 School counselor (if so, who? _____)
 School Resource Officer (if so, who - _____)
 Family Support Worker (if applicable)
 LRT / EA
 Child & Youth
 Autism Centre
 Family Service Regina
 Dreambroker
 Ministry of Social Services
 Regina Fire Department (prevention)
 Aboriginal Family Services
 Fox Valley
 Cognitive Disability
If there are others, please describe:

Has the child/youth encountered any personal, situational or institutional barriers to support/services? (e.g. transportation, parental support, financial barriers)
 personal
 financial
 transportation
 lack of parental support
If there are others, please describe:

To be completed by TRiP Referral & Intake Officer Only		
Referral Received Date: _____		
Date/time caregiver contacted:	Verbal consent given: __ yes __ no	Other Notes: