

CAREGIVER REFERRAL FORM

Internal Use Only	
Date Received at TRiP office: _____	Assigned TRiP ID: _____

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

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.

DATE OF REFERRAL:		
Child's Full Name:	Male/Female	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?		

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

- 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:

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

- 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:

Please return completed form to the following TRiP sector representative:

Or by Calling the TRiP Office at 306-523-3024