

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.



## AGENCY REFERRAL FORM

### Internal Use Only

Date Received at TRiP office: \_\_\_\_\_

Assigned TRiP ID: \_\_\_\_\_

11UI Referral: \_\_\_\_\_ **OR** twelve&up Referral: \_\_\_\_\_

(check only one)

Gender Identity: \_\_\_\_\_

Preferred Pronoun: \_\_\_\_\_

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.

<b>Date of Referral:</b>	
<b>Referring Agent Name:</b>	<b>Phone:</b>
<b>Referring Agency:</b>	<b>Email:</b>
<b>Describe agency role/relationship with the client:</b>	<b>Duration of relationship:</b>
<b>FOR SCHOOL REFERRALS ONLY</b> <b>Please list who from the school team support knows about and supports this this referral:</b> ___ School Counsellor ___ Family Support Worker ___ LRT / EA ___ School Resource Officer ___ Psychologist ___ Spiritual Support (i.e: Elder, Minister, Priest)	

Please return completed form to TRiP:  
(306) 523 3024 tripstaff1@gmail.com

<b>Child's Full Name:</b>		<b>Gender Identity:</b>	<b>Birthday:</b>
<b>Is child regularly attending school?</b> ___ Yes ___ No		<b>Are parents involved in their child's school?</b> (e.g. volunteer, support activities, encourage attendance) ___ Yes ___ No	
<b>Child's School:</b> <i>(if not attending, indicate reason)</i>		<b>Grade:</b>	
<b>Primary Caregiver Name:</b>		<b>Relationship:</b>	
<b>Caregiver Address:</b>	<b>Caregiver Phone:</b>	<b>Caregiver Email:</b>	
<b>Check the risk categories relevant to the referral of this individual to TRiP? please explain each</b>			
___ alcohol : _____ ___ drugs : _____ ___ gambling : _____ ___ mental health : _____ ___ cognitive impairment : _____ ___ physical health : _____ ___ suicide : _____ ___ self-harm : _____ ___ criminal involvement : _____ ___ crime victimization : _____ ___ physical violence victim : _____ ___ physical violence perpetrator : _____ ___ emotional violence victim : _____ ___ emotional violence perpetrator : _____ ___ sexual violence victim : _____ ___ sexual violence perpetrator : _____ ___ elderly abuse perpetrator : _____ ___ poor supervision : _____			

☐ basic needs : \_\_\_\_\_

☐ missing school : \_\_\_\_\_

☐ parenting concerns : \_\_\_\_\_

☐ housing : \_\_\_\_\_

☐ poverty : \_\_\_\_\_

☐ negative peers : \_\_\_\_\_

☐ anti-social behaviour : \_\_\_\_\_

☐ unemployment : \_\_\_\_\_

☐ missing/runaway : \_\_\_\_\_

☐ threat to public safety : \_\_\_\_\_

☐ gangs : \_\_\_\_\_

☐ social environment : \_\_\_\_\_

☐ 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?**

☐ 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 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:

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**Has the child/youth encountered any of the following barriers to support/services?**

- ☐ personal
- ☐ financial
- ☐ situational
- ☐ institutional

If there are others, please describe:

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**To be completed by TRiP Referral & Intake Officer Only**

Referral Received Date: \_\_\_\_\_

Date/time caregiver contacted:

Verbal consent given:

☐ yes ☐ no

Other Notes: