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: Gender Identity:_____ Preferred Pronoun: _____		**Birthday:**
School Attending: *(if not attending, indicate reason)*		**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 PREVIOSULY 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