



AGENCY REFERRAL FORM

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

AGE: 11 & Under **OR** 12 & Up
(check only one)

Gender Identity: _____
 Preferred Pronoun: _____

It is suitable to make a referral to TRiP 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 young person exhibits multifaceted behavioural challenges.
- The young person is showing or is affected by composite risk factors.
- Previous engagements in services have shown little progress for the young person.
- The young person has experienced personal, situational, and/or institutional barriers to services and support.
- After having explored other options, the person making the referral considers TRiP to be the best option.

<p>IMPORTANT NOTE: By completing this form, you are acknowledging that there has been an informed conversation with the young person and caregiver about TRiP. You feel confident that you have gained their understanding regarding an opportunity for coordinated support through The Regina intersectoral Partnership (TRiP).</p> <p style="text-align: right;">if so, please INITIAL HERE: _____</p>

This form is utilized to gather the information 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:
<p>FOR SCHOOL REFERRALS ONLY</p> <p>Please list who from the school team is aware of and supports this this referral:</p> <p><input type="checkbox"/> School Counsellor <input type="checkbox"/> Psychologist</p> <p><input type="checkbox"/> Family Support Worker <input type="checkbox"/> Spiritual Support (i.e: Elder, Minister, Priest)</p> <p><input type="checkbox"/> Learning Resource/Student Services Support Teacher</p> <p><input type="checkbox"/> School Resource Officer (Regina Police Service)</p> <p><input type="checkbox"/> Other: _____</p> <p>_____</p> <p>_____</p>	

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

State 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 Counsellor: if so, who - _____
- School Resource Officer (Regina Police Service): if so, who - _____
- Learning Resource/Student Services Support Teacher
- Family Support Worker (if applicable) Family Service Regina
- Regina Fire Department (prevention) Dreambroker
- SHA Child & Youth Services Aboriginal Family Services
- Ministry of Social Services Regina Treaty Status Indigenous Services (RT/SIS)
- Cognitive Disability Strategy Jordan's Principle
- Autism Centre Fox Valley

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 Counsellor: if so, who - _____
- School Resource Officer (Regina Police Service): if so, who - _____
- Learning Resource/Student Services Support Teacher
- Family Support Worker (if applicable) Family Service Regina
- Regina Fire Department (prevention) Dreambroker
- SHA Child & Youth Services Aboriginal Family Services
- Ministry of Social Services Regina Treaty Status Indigenous Services (RT/SIS)
- Cognitive Disability Strategy Jordan's Principle
- Autism Centre Fox Valley

If there are others, please describe:

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

- personal
- financial
- situational
- institutional

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: