

*The Regina intersectoral Partnership | Internal Use Only*

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

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

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

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

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

**Referral Considerations**  
prevention | early intervention | risk reduction

- under 18 years of age
- youth is displaying multiple risk factors, behavioural challenges & barriers
- voluntary & consent-based
- caregiver engagement required
- must support school attendance
- access to previous services & supports have been unsuccessful
- ineligible if the Ministry of Social Services is the guardian

tripregina.ca

*By completing this form, you are communicating to The Regina Intersectoral Partnership (TRiP) that you feel the identified young person would benefit from the coordination of supports provided by partner agencies involved with TRiP. This form does not substitute as consent to participate. An intake interview and follow-up communication among human service providers regarding the Referral will be required.*

**DATE OF REFERRAL: YYYY-MM-DD**

## ABOUT THE YOUNG PERSON

|   |                               |
|---|-------------------------------|
| <b>Legal First Name:</b>  | <b>Birth Date:</b> YYYY-MM-DD |
| <b>Legal Middle Name:</b>   | <b>Chosen Name:</b>           |
| <b>Legal Last Name:</b>   |                               |
| <b>Child's School:</b> <i>(if not attending, indicate reason)</i> | <b>Grade:</b>                 |
| <b>Primary Caregiver Name:</b>                                    | <b>Relationship:</b>          |

## CAREGIVER INFORMATION

|                           |                         |
|---------------------------|-------------------------|
| <b>Caregiver Address:</b> | <b>Caregiver Phone:</b> |
| <b>Caregiver Email:</b>   |                         |

**ADDITIONAL INFORMATION**

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

- 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:

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

- 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:

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**Please return the completed form to the following TRiP sector representative:**

\_\_\_\_\_ or by calling the TRiP Office at 306-523-3024