Cobourg Under 12 Intersectoral Partnership

# CAREGIVER REFERRAL FORM

**Please return completed form to the CUIP representative at Rebound Child & Youth Services at 700 D'Arcy Street, Unit 20, Cobourg, ON or by email: stoste@rcys.ca**

By completing this form, you are communicating to the Cobourg Under 12 Intersectoral Partnership (CUIP) that you feel your child would be well served by the coordination of supports provided by partner agencies involved. 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.

It is suitable to make a referral to CUIP if you have observed a **combination** of behaviours that place your child in a position of vulnerability, such as:

- *Significant behavioral challenges at home, school and community*
- *A lack of engagement at school, or behavioral issues at school (suspensions, bullying)*
- *Negative interactions with police*
- *Circumstances in which your child has been exposed to trauma or been a victim*
- *High risk behavior (violence, use of drugs/alcohol, running away)*
- *Mental health concerns*
- *Withdrawn behavior*
- *Previous attempts to seek treatment have been attempted without success, or barriers are preventing treatment from taking place.*

<table>
<tr><td colspan="3">DATE OF REFERRAL:</td></tr>
<tr><td colspan="2" rowspan="2">Child's Full Name:</td><td>Birthday:</td></tr>
<tr><td>Gender:</td></tr>
<tr><td colspan="2">Primary Caregiver Name:</td><td>Relationship:</td></tr>
<tr><td>Primary Caregiver Address:</td><td>Email:</td><td>Phone:</td></tr>
<tr><td colspan="3">School Attending (if not attending, indicate reason):</td></tr>
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Cobourg Under 12 Intersectoral Partnership

**What are the concerns about your child that have led you to make this referral?**

**What specific behavioral challenges does your child exhibit?** (e.g. aggressive/violent, oppositional, withdrawn, impulse control, emotional regulation challenges):

**That you are aware of, what agencies have <u>previously</u> been involved in providing services or supports to your child?**

__ School Counsellor (if so, who):_ _____

__ School Resource Officer (if so, who): _____

__ Children's Aid Society (worker): _____

__ Educational Assistant: _____

__ Child and Youth Worker: _____

__ Mental Health Supports: _____

__ Other: _____

**That you were aware of, did the child experience barriers to progress while engaging in these services or supports?** (explain):

**That you are aware of, what agencies are <u>currently</u> involved in providing services or supports to your child?**

__ School Counsellor (if so, who):_ _____

__ School Resource Officer (if so, who): _____

__ Children's Aid Society (worker): _____

__ Educational Assistant: _____

__ Child and Youth Worker: _____

__ Mental Health Supports: _____

__ Other: _____

**Has the child/youth encountered any personal, situation or institutional barriers to support/services?**

___ We have not attempted any other support/services before now

Yes (please indicate what kind(s) of barriers:

___ personal
___ financial
___ transportation
___ lack of parental support
___ other (please explain):

Cobourg Under 12 Intersectoral Partnership

Rebound Child & Youth Services Northumberland

| **To be completed by CUIP Staff**<br><br>**Date Referral Received: _____** | | |
|---|---|---|
| Date(s) and time(s) caregiver contacted for follow up:<br>1.<br><br>2.<br><br>3. | Verbal Consent Given:<br><br>Yes ___ No ____ | Assigned CUIP ID:<br><br>_____ |