

REFERRAL FORM

Please return completed form to CUIP by fax: 905-372-0070 or email: stoste@rcys.ca

Date Received at CUIP Office: _____	Assigned CUIP ID: _____
Date Caregiver Contacted: _____	

It is suitable to make a referral to CUIP if you have detected behaviours or conditions that place a child/youth in a position of vulnerability. Elements to consider for a referral to CUIP are:

- The child exhibits multifaceted behavioral challenges
- The child is showing or is affected by composite risk factors
- Previous engagements in services have shown little progress for the child/youth
- The child has experienced personal, situational, and or institutional barriers to services and support
- After having explored other options, the referring agent considers CUIP 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 CUIP. You feel confident that you have gained their understanding regarding an opportunity for coordinated support through CUIP.
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.

DATE OF REFERRAL:	
Referring Agent Name:	Phone:
Referring Agency:	Email:
Describe agency role/relationship with the client:	Duration of relationship:
FOR SCHOOL REFERRALS ONLY	
Please list members of the school support team who know about and support this referral:	
<input type="checkbox"/> School Counsellor <input type="checkbox"/> Educational Assistant <input type="checkbox"/> School Resource Officer <input type="checkbox"/> Teacher <input type="checkbox"/> Child and Youth Worker <input type="checkbox"/> Other	

Child's Full Name:	Gender:	Date of Birth:																																							
Is child regularly attending school?	Are parents involved in their child's school? (ie. volunteer, support activities, encourage attendance)																																								
Child's School (if not attending, indicate reason):		Grade:																																							
Primary Caregiver(s) Name(s):	Relationship:																																								
Caregiver Address:	Phone:	Email:																																							
<p>What individual/family risk categories are relevant to your referral of this individual to CUIP?</p> <table border="0"> <tr> <td><input type="checkbox"/> alcohol</td> <td><input type="checkbox"/> physical violence victim</td> <td><input type="checkbox"/> parenting concerns</td> </tr> <tr> <td><input type="checkbox"/> drugs</td> <td><input type="checkbox"/> physical violence perpetrator</td> <td><input type="checkbox"/> housing</td> </tr> <tr> <td><input type="checkbox"/> gambling</td> <td><input type="checkbox"/> emotional violence victim</td> <td><input type="checkbox"/> poverty</td> </tr> <tr> <td><input type="checkbox"/> mental health</td> <td><input type="checkbox"/> emotional violence perpetrator</td> <td><input type="checkbox"/> negative peers</td> </tr> <tr> <td><input type="checkbox"/> cognitive impairment</td> <td><input type="checkbox"/> sexual violence victim</td> <td><input type="checkbox"/> anti-social behaviour</td> </tr> <tr> <td><input type="checkbox"/> physical health</td> <td><input type="checkbox"/> sexual violence perpetrator</td> <td><input type="checkbox"/> unemployment</td> </tr> <tr> <td><input type="checkbox"/> suicide</td> <td><input type="checkbox"/> elderly abuse perpetrator</td> <td><input type="checkbox"/> missing/runaway</td> </tr> <tr> <td><input type="checkbox"/> self-harm</td> <td><input type="checkbox"/> poor supervision</td> <td><input type="checkbox"/> threat to public safety</td> </tr> <tr> <td><input type="checkbox"/> criminal involvement</td> <td><input type="checkbox"/> basic needs</td> <td><input type="checkbox"/> gangs</td> </tr> <tr> <td><input type="checkbox"/> crime victimization</td> <td><input type="checkbox"/> missing school</td> <td><input type="checkbox"/> social environment</td> </tr> <tr> <td><input type="checkbox"/> oppositional behavior</td> <td><input type="checkbox"/> aggressive/violent behavior</td> <td><input type="checkbox"/> recklessness/self-regulation</td> </tr> <tr> <td><input type="checkbox"/> bullying (perpetrator)</td> <td><input type="checkbox"/> bullying (victim)</td> <td><input type="checkbox"/> domestic violence</td> </tr> <tr> <td colspan="3"><input type="checkbox"/> other (explain)</td> </tr> </table>			<input type="checkbox"/> alcohol	<input type="checkbox"/> physical violence victim	<input type="checkbox"/> parenting concerns	<input type="checkbox"/> drugs	<input type="checkbox"/> physical violence perpetrator	<input type="checkbox"/> housing	<input type="checkbox"/> gambling	<input type="checkbox"/> emotional violence victim	<input type="checkbox"/> poverty	<input type="checkbox"/> mental health	<input type="checkbox"/> emotional violence perpetrator	<input type="checkbox"/> negative peers	<input type="checkbox"/> cognitive impairment	<input type="checkbox"/> sexual violence victim	<input type="checkbox"/> anti-social behaviour	<input type="checkbox"/> physical health	<input type="checkbox"/> sexual violence perpetrator	<input type="checkbox"/> unemployment	<input type="checkbox"/> suicide	<input type="checkbox"/> elderly abuse perpetrator	<input type="checkbox"/> missing/runaway	<input type="checkbox"/> self-harm	<input type="checkbox"/> poor supervision	<input type="checkbox"/> threat to public safety	<input type="checkbox"/> criminal involvement	<input type="checkbox"/> basic needs	<input type="checkbox"/> gangs	<input type="checkbox"/> crime victimization	<input type="checkbox"/> missing school	<input type="checkbox"/> social environment	<input type="checkbox"/> oppositional behavior	<input type="checkbox"/> aggressive/violent behavior	<input type="checkbox"/> recklessness/self-regulation	<input type="checkbox"/> bullying (perpetrator)	<input type="checkbox"/> bullying (victim)	<input type="checkbox"/> domestic violence	<input type="checkbox"/> other (explain)		
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What are some of the concerns that have led you to make this referral? (please explain):

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

That you are aware of, what agencies have PREVIOUSLY been involved in providing services or supports to the 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: _____

__ 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 CURRENTLY involved in providing services or supports to the 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: _____

___ Other: _____

That you are aware of, has the child encountered any personal, situational or institutional barriers to support/services? (e.g. transportation, parental support, financial barriers)

___ personal

___ financial

___ transportation

___ lack of parental support

If there are others, please describe:

Suggested Conversation Points with Caregivers

About CUIP:

- The Cobourg Under 12 Intersectoral Partnership is a prevention and early intervention initiative
- CUIP supports children and youth who are exhibiting behaviors or conditions that place a child in a place of vulnerability
- By focusing on coordinated intersectoral service support, reduction of barriers to pro-social activities and school engagement, CUIP will aim to generate risk reduction, and ultimately reduce vulnerability of children/youth and their families.

What the Parent/Guardian should know:

- The child's participation in CUIP is voluntary and requires parent/guardian consent
- The caregiver will be supported via the development of a plan for coordination of services that is dependent on family engagement at case conferences and other activities
- Programs and services from participating agencies will be presented and coordinated according to the child and family's priorities and desires.

Process:

- Advise the caregiver that once the Agency Referral is submitted, the CUIP designate for coordinating intakes and referrals will contact them directly, generally within three business days of receiving the referral.

Questions? Please contact Stacey at stoste@rcys.ca if you are unsure about the referral process or if you have any questions about the referral you are making.