

## REFERRAL FORM

Situation #\_\_\_\_

## CONFIDENTIAL

DRAFT MERIT REFERRAL FORM														
Date:		Referring Name:								elephone:				
(d/m/y	(d/m/y)													
CLIENT/STUDENT/FAMILY INFORMATION: Not for disclosure until Filters 3 and 4  (Complete Information Relevant for Referring Agency)														
Client/Student Name Agency Identifier														
Date of	Birth (d/m/y)	Age	Sex	Email				Telephone		Cell Phone				
			□ F □ M □ Unknow											
Address	s	I				City/Province	L			Post	al Code			
Parent/	'Guardian 1		Addr	.000					Telephone		Cell Phone			
Tarcity	Guardian 1		Addi	<b>C33</b>					relephone		Cell I Holle			
_														
Parent/	'Guardian 2		Addr	address										
Person	with Legal Custody		Addr	ess										
Spouse,	Spouse/Siblings or other significant Family Members (only if individual involved or at risk)													
School				Grade		School Contact								
Are pro	cedures under YCJA	Pending?	□ Ye	☐ Yes ☐ No ☐ N/A										
Type of	Court Order/Warra	nt												
Applica	ble Order or Warran	t Conditions												
Other:														
Other.														
FILTER	R 1: PRE-HUB SC	REENING												
Α	Situation Prop	osed for Re	eferral and	Previous	Attempts a	Engagement (Brief	ly describe the s	situatio	on.)					
В						olvement of Other					(These are categories			
	of risk factors from	n the Hub Dat	abase. Glossa	ry of Risk Fo	Drugs	Glossary for risk factors			and definition Gambling	ns)				
	Mental Health				. 0-				Physical Health					
☐ Crime Victimization					Physical Violence				Emotional Violence					
□ Sexual Violence					Elderly Abuse    Supervision									
□ Basic Needs					Missing Scho	issing School   Parenting								
	Housing				Poverty				Negative Pe	ers				
	Antisocial/Negativ				Unemployme									
	Threat to Public H	ealth and Safe	ety		Gangs				Social Enviro	nment				

Agency Specific Assessments Relevant/Consulted:												
Four E	Four Elements: (Check all that apply)  1) Significant interest at stake?											
	2) Pr	) Probability of Harm Occurring? (There is a reasonable expectation of harm to individuals if nothing is done.)										
	3) Significant Intensity of Harm? (The harm would constitute damage or detriment and not mere inconvenience to the individual. It is reasonable to assume that disclosure to the Hub would help minimize or prevent the anticipated harm.)											
	4) Multidisciplinary nature of risk? (The risk factors are beyond the Originating Agency's scope/mandate to mitigate the elevated level of risk. Operating risk factors cut across multiple human service disciplines. Traditional inter-agency approaches have been considered/attempted.)											
Authority for Use and Disclosure of Personal Information or Personal Health Information at the Hub												
□ Written consent obtained (attach written consent form – Appendix A)												
_ v	Verbal consent obtained (attach verbal consent form – Appendix B)											
Not practicable to obtain consent. Reason why:												
Р	Proceeding without consent under authority of: (provide applicable authority below)											
I	[Potential Regulations for common or integrated services.]											
Other:												
C Age	ncy A	pproval	for Re	eferral to H	ub							
	Supervisor/School Principal consulted Name:											
Signature of Supervisor/School Principal: (If required by Referring Agency)  Date:												
D Info	rmati	ion to be	Discl	osed at Hu	b Disc	ussion	□ New Discussion □ Previous Discussion	on	Discussion Num	ber:		
FILTER 2 — De-identified Information Only  Use no identifiers like names, names of relatives, birth dates, addresses, telephone numbers, email addresses, health services numbers, social insurance numbers.  Use age range, not actual age. Avoid quasi-identifiers that could allow identity to be guessed, unless they are necessary to determine acutely elevated risk. Quasi-identifiers include: gender, location information, name of school, marital status, significant dates, ethnic origin, diagnosis information, employment, income.  Purpose: Determine whether threshold of "Acutely Elevated Risk" has been met.												
Discussion Type: □ Dwelling □ Environmental □ Family □ Neighbourhood □ Individual												
Information to be disclosed: risk factors, expectation of harm, authority (information listed in Section B) and age range:												
	0 – 4	(Pre-schoo	ol Child	1)		5 – 11 (Schoo	ol-age Child)		12 – 17 (Youth)			18 + (Adult)
	Acce	pted		Rejected	Reaso	n for Rejection:	:		•	"		

FILTE	R 3: Miniı	mal Ident	ifiable I	nformation							
Purpo	se: Dete	rmine w	hether i	ndividuals a	re sufficie	ntly co	nnected	to se	ervices, if elevated risk remains	and, if so,	
identify agencies to participate in Filter 4 discussion											
	Call a YO	ase Confere	nce								
Inforr	nation to	be disclo	sed at F	ilter 3:							
	Name			Birth date		□ G	ender		Other if required to meet the Filter 3 purp	ose. Specify below:	
			_				_				
		itifiable l	nformat	tion Necessa	ary to Add	ress th	e Immed	ate	Risk (For Filter 4 Participants only)		
	Agency:										
	ing Agen										
<b>Issue Flags:</b> □ Domestic violence □ Systemic issue □ # of people who were informed of/connected to/engaged in services through the intervention:											
Study Flags:											
	of Discus										
•									ely-elevated risk.		
				(disclose only i	information r	necessar	y to enable	asses	ssment of the situation and determination	on of appropriate	
actions to address immediate risk)											
E. Ver	ification b	y Hub Par	ticipant (	of Informatio	n Disclosed	ł	Hub M	eeti	ng Date:		
	No informa	ation was dis	closed at e	ach filter other t	han the inforn	nation sp	ecified under	Secti	on C above		
OR	The follows	ing informati	ion was dis	closed in additio	n to the inform	matian su	a sified under	Cost	ion C above		
									ion C. above		
	(Indicate both the additional information disclosed and the filter at which it was disclosed).										
Name o							Cignatura			Date:	
Particip		011 6:	FUE / 2.5-	NOV DECODE	CTELA		Signature:			Date:	
	O BE PLACED OMPLETION		FILE/ AGE	NCY RECORD SYS	File	No./Nar	me:				
			TH THIS CLI	IENT. A NEW FO	RM SHOULD B	E COMP	FTED AND FI	LED			