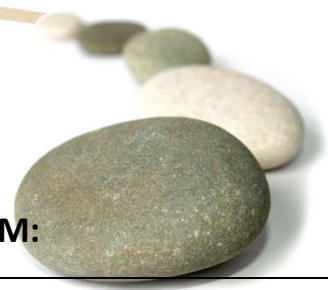




Touchstone Family Association

Strengthening Family • Building Community



BUILDING SAFER COMMUNITIES (BSC) REFERRAL FORM:

Information From Referring Agency: Referring Agency: _____ Name of Referrer: _____ Date of Referral: _____ Referral Contact information (Phone/ email): _____ _____	Information About Referred Person: Is youth aware of referral? Yes No Full Name (First and last): _____ Gender Assigned at Birth: _____ Preferred pronouns: _____ Date of Birth: _____ Languages: _____ Contact information (Phone number/ email): _____ Preferred method of contact (texting, calling, email, etc.) _____ Guardian/ caregiver/ trusted adult information (Phone number/ email): _____ _____
---	---

Risk Factors:

Alcohol: <ul style="list-style-type: none"><input type="radio"/> Alcohol abuse by person<input type="radio"/> Alcohol abuse in home<input type="radio"/> Alcohol use by person Drugs: <ul style="list-style-type: none"><input type="radio"/> Drug abuse by person<input type="radio"/> Drug abuse in home<input type="radio"/> Drug use by person	Physical health: <ul style="list-style-type: none"><input type="radio"/> Chronic disease<input type="radio"/> General health issue<input type="radio"/> Not following prescribed treatment<input type="radio"/> Nutritional deficit<input type="radio"/> Physical disability<input type="radio"/> Pregnant<input type="radio"/> Terminal illness	Mental health: <ul style="list-style-type: none"><input type="radio"/> Diagnosed mental health problem<input type="radio"/> Grief<input type="radio"/> Mental health problem in home<input type="radio"/> Not following prescribed treatment<input type="radio"/> Self-reported mental health problem<input type="radio"/> Suspected mental health problem<input type="radio"/> Witnessed traumatic event
Parenting: <ul style="list-style-type: none"><input type="radio"/> Parent-child conflict<input type="radio"/> Person not receiving proper parenting<input type="radio"/> Person not providing proper parenting	Basic Needs: <ul style="list-style-type: none"><input type="radio"/> Person being neglected by others<input type="radio"/> Person unable to meet own basic needs<input type="radio"/> Person unwilling to have basic needs met	Unemployment: <ul style="list-style-type: none"><input type="radio"/> Caregivers chronically unemployed<input type="radio"/> Caregivers temporarily unemployed<input type="radio"/> Person chronically unemployed<input type="radio"/> Person temporarily unemployed
Criminal Involvement: <ul style="list-style-type: none"><input type="radio"/> Animal cruelty<input type="radio"/> Arson<input type="radio"/> Assault<input type="radio"/> Break and enter<input type="radio"/> Damage to property<input type="radio"/> Other<input type="radio"/> Robbery<input type="radio"/> Sexual assault<input type="radio"/> Theft	Missing: <ul style="list-style-type: none"><input type="radio"/> Person has history of being reported to police as missing<input type="radio"/> Person reported to police as missing<input type="radio"/> Runaway with parent's knowledge<input type="radio"/> Runaway without parent's knowledge<input type="radio"/> Chronic school absenteeism<input type="radio"/> Truancy	Gangs: <ul style="list-style-type: none"><input type="radio"/> Gang association<input type="radio"/> Gang member<input type="radio"/> Threatened by gang<input type="radio"/> Victimized by gang<input type="radio"/> Human Trafficking

Cognitive impairment: <ul style="list-style-type: none"> ○ Diagnosed cognitive impairment ○ Self-reported cognitive impairment ○ Suspected cognitive impairment 	Antisocial/ Negative Behavior: <ul style="list-style-type: none"> ○ Within home ○ Person exhibiting behavior 	Suicide/ Self-Harm: <ul style="list-style-type: none"> ○ affected by suicide ○ Person current suicide risk ○ Person previous suicide risk ○ Person has engaged in self-harm ○ Person threatens self-harm
Housing: <ul style="list-style-type: none"> ○ Person doesn't have access to appropriate housing ○ Person transient, but has access to appropriate housing 	Social Environment: <ul style="list-style-type: none"> ○ Person frequents negative locations ○ Negative neighbourhood 	Negative Peers: <ul style="list-style-type: none"> ○ Person associating with negative peers ○ Person serving as negative peers to others
Physical violence: <ul style="list-style-type: none"> ○ Person affected by physical violence ○ Person perpetrator of physical violence ○ Person victim of physical violence ○ Physical violence in the home 	Sexual violence: <ul style="list-style-type: none"> ○ Person affected by sexual violence ○ Person perpetrator of sexual violence ○ Person victim of sexual violence ○ Sexual violence in the home 	Emotional Violence: <ul style="list-style-type: none"> ○ Emotional violence in the home ○ Person effected by emotional violence ○ Person perpetrator of emotional violence ○ Person victim of emotional violence

Additional Comments: Please indicate any contextual factors, preferences, and / or sensitivities (e.g., requires a service provider of a specific gender, has language needs, etc.)

Barriers to Service: Please indicate any barriers you perceive to receiving service (e.g., transportation, financial, etc.)

Please return completed Referral Forms to any member of the BSC Team (in-person) or
Email forms to: bcook@touchfam.ca or fax to: 604-279-1814