



# Touchstone Family Association

Strengthening Family • Building Community



## BUILDING SAFER COMMUNITIES (BSC) REFERRAL FORM:

<p><b><u>Information From Referring Agency:</u></b>          Referring Agency: _____          Name of Referrer: _____          Date of Referral: _____          Referral Contact information (Phone/ email):          _____          _____</p> <p><b><u>Referred Person's Education:</u></b>          School: _____          Current Status/Grade: _____</p>	<p><b><u>Information About Referred Person:</u></b>          Is youth aware of referral?                      Yes              No          Full Name (First and last): _____          Gender Assigned at Birth: _____          Preferred pronouns: _____          Date of Birth: _____          Languages: _____</p> <p>Contact information (Phone number/ email):          _____          Preferred method of contact (texting, calling, email, etc.)          _____          Guardian/ caregiver/ trusted adult information (Phone number/ email):          _____          _____</p>
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**Risk Factors:**

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

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

**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 BCS Team (in-person) or

Email forms to: [bcook@touchfam.ca](mailto:bcook@touchfam.ca) or fax to: 604-279-1814