



CENTRAL STATION
COMMUNITY CENTRE

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SCREENING: Referral Criteria

Referring Agency: _____

Contact #: _____

Supervisor Signature: _____

Worker Name: _____

Is the situation/circumstance: New Ongoing

Other Agencies Involved:

- Police Probations/Justice Victim Services CFS Mental Health School
- Women’s Shelter Community EIA Health Housing
- Other _____

- Prior to a case being presented at the Screening Committee of the Community Care Program it must be discussed with a supervisor.
- All criteria must be considered prior to a case discussion at the Screening Committee meeting.
- What is the elevated risk to the person, family and/or community? Identify any concerns and harm expected.
- What has been done to mitigate this acutely elevated risk?
- How is the particular situation/circumstance beyond the scope and/or mandate of your agency?
- What is the anticipated outcome of presenting this case to the Community Care Program?

Have you discussed the Community Care Program process with your client and obtained signed consent? Yes consent form attached.

No Reason as to why no consent obtained:

Attach signed consent form.