



## Referral Criteria

Referring Agency: \_\_\_\_\_ Contact #: \_\_\_\_\_  
Supervisor Signature: \_\_\_\_\_ Worker Name: \_\_\_\_\_

Is the situation/circumstance: New  Ongoing

Current Agencies Involved:

- Police    Probation    Victim Services    CFS    Mental Health    Education  
 Women's Shelter    Legal/Justice    EIA    Faith Organization    Housing  
 Other \_\_\_\_\_

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?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### STAFF USE ONLY

- Accept** case for screening.  
 **Decline** case based upon:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_ Staff Signature: \_\_\_\_\_