

JOURNEY HOME PROJECT

REFERRAL FORM

Please send to MRCSSI by fax at 519-672- 6200 or email to satalla@mrcssi.com.

| Referred case (* add for identified problem) | | | |
|--|-----------------------------|---|------|
| Family name: | | Size of Family: | |
| Name | Date of birth (dd/mm/yy) | Gender | Note |
| Father: | | | |
| Mother: | | | |
| Child : | | | |
| Child : | | | |
| Child : | | | |
| Child : | | | |
| Child : | | | |
| Child : | | | |
| Child : | | | |
| Child : | | | |
| Child : | | | |
| Child : | | | |
| Phone: | | Cell Phone: | |
| Address: | | | |
| Language(s) Spoken: Arabic <input type="checkbox"/> – English <input type="checkbox"/> | | Interpretation Service Needed <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Other _____ | | | |

Referral Source Agency: _____

Name of Referral Source: _____

Phone Number: _____

Primary Case Manager (if applicable): _____

Address: _____

Date of Referral(dd/mm/yyyy): _____

Reason for Referral:

Ethno-cultural Information

Refugee or Immigrant Status:
Date of Arrival to Canada (yy/mm):
Preferred Language:
English skills:

Country of Origin:
Ethnicity:

School Information (only applicable if the referred case is a school going child)

Name of the school:
Date of enrollment:
Current grade:
Attendance:
Academic progress in the class:

Identification of risk factors (Check if risk factor applies)

| <i>Risk factors for family</i> | | <i>Risk factors for child/ youth</i> | |
|--------------------------------|--|--|--|
| History of criminal records | | Aggressive behavior in the school/home | |
| Pattern of family conflict | | Poor parental supervision | |
| Anti-social behavior | | Anti-social behavior | |
| Drug abuse/ Addiction Problems | | Family conflict issues | |
| | | Family violence issues | |
| | | Poor family bonding | |
| | | Parental use of physical punishment | |
| | | Drug use/addiction problem | |

For this information to be released to us; it requires an authorization form signed by any child over 12 years old or one of their parents. Please be advised that this program will provide both the parents and the children access to the Strengthening Families Program. The parents must agree with being referred.

For questions or concerns, please contact Sahar Atalla at 519-672- 6000, ext. 306.