



REFERRING ORGANIZATION

Date of referral			
Agency		Contact Person	
Email & Phone			

Has this referral been discussed with: the client (anyone over 18)? Yes No
 The parents (for a client that is 3-18 years old)? Yes No

CLIENT'S INFORMATION

Full Name				
Country of Origin		Age		Gender
Language(s) spoken				
English level	Low	Basic	Intermediate	Advanced
Phone number				
Best time to contact				
Other support staff involved (EG: teacher, case worker)				

If the client is under 18, please fill out the second page.

REFERRAL DETAILS

Please include phrases and words used by the client during your discussions so we can mirror the same language at intake.

1. Reasons for referral.
2. Symptoms or current concerns.
3. How was therapeutic counselling described to the client?
4. Client's strengths, skills, and talents.

Please email the form to refugeecentre@ccisab.ca or fax to **403.262.2033** | Mark **CONFIDENTIAL**
Program Intake | Phone 403.290.5466





PARENTS INFORMATION (if under 18)

Mothers Name	
Language(s) spoken	
English level	Low Basic Intermediate Advanced
Fathers Name	
Language(s) spoken	
English level	Low Basic Intermediate Advanced
Parent's Marital Status	Single Married Common Law Separated Divorced Widowed
Legal guardianship	Mother Father Other
School attended	Grade
Teacher's Name	Phone



Building resilience starts with the referral process.

Who We Support

- Immigrant or refugee background.
- Present with symptoms of trauma.
- Have economic and social barriers.
- Have trauma as the primary issue to address.
- Are open to engaging with services.
- Are stable enough to engage with services.
- Not in immediate transition, immediate crisis, or current traumatic situation.
- Individuals whose lives are in a general state of consistency/routine.

Our centre recognizes that healing is built on the principles of

Safety

Stories of resilience are sacred, and some may choose to keep them private for a lifetime. Be prepared to listen to a traumatic story but allow a person to decide when they feel safe to do so and allow them to initiate the story-telling process. In the referral process, our focus is on the signs and symptoms, expressed concerns, current struggles, and strengths.

Empowerment

Give choice and control at every step of the referral process, from sharing stories and concerns to deciding which services to seek.

Connection

Build on the trust that you have already established by facilitating the referral to the program.

Supports Provided by the Program	Supports <u>Not</u> Provided by the Program
<ul style="list-style-type: none"> ▪ Therapeutic counselling, focus on non-current trauma ▪ Group therapy ▪ Psychoeducation, workshops, and training ▪ Volunteer support ▪ Client resources/ referrals, as needed ▪ Interpretation for program services ▪ Brief therapy ▪ Online video therapy 	<ul style="list-style-type: none"> ▪ 24-hour crisis support / access ▪ Therapy outside the focus of trauma ▪ Therapy for current or ongoing traumatic situations (E.G. current experiences of family violence) ▪ Formal assessments (E.G. for use in court or Children’s Services cases) ▪ Issues related to developmental disabilities

