

Catholic Family Services
RIFT referral form

The Rapid Intervention for Family Treatment (RIFT) program provides for family counselling on a quick access basis when:

- the youth is 15 yrs or younger
- there is a significant crisis
- all involved family members have been encouraged to attend

Mother _____ Father _____

Address _____

Phone: H / Cell mother? _____ contact OK? Y N
father? _____ contact OK? Y N

W mother? Father? _____ contact OK? Y N

Children: Name _____ D.O.B. _____

Name _____ D.O.B. _____

Use reverse side for additional children

Is this an active MSS case? Y N

Is youth currently in care? N Y How long? Details:

Are other agencies involved? N Y Which ones?

Are parents willing to participate? Y N

Is the youth willing to participate? Y N

Service Requested: Family Counselling Y N Reaching Out (parenting group) Y N

Background Information:

Presenting Problem:

Specific Goals:

Date of Referral _____

Referring Worker _____ Phone # _____