

CFS Regina  
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

What type of Referral are you making?       MSS Referral       Community Referral

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?  Y  N

Are parents willing to participate?  Y  N

Is the youth willing to participate?  Y  N

Service Requested:       Family Counselling       Reaching Out (parenting group)

*Continued on next page →*

Presenting Problem:

Background Information:

Specific Goals:

Date of Referral: \_\_\_\_\_

Referring Worker: \_\_\_\_\_

Phone #: \_\_\_\_\_