

HUB REFERRAL

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|--|---|------------------------|---|--------------------------|------------------------------------|--|-------------------|--------------------------|----------------------|--|
| HUB REFERRAL | | | | | | | | | | |
| Date: (d/m/y) | | Referring Name: | | | | | Telephone: | | | |
| CLIENT/STUDENT INFORMATION: Not for disclosure until Filters 3 and 4 <i>(Complete Information Relevant for Referring Agency)</i> | | | | | | | | | | |
| Client/Student Name | | | | | Agency Identifier | | Hub No. | | | |
| Date of Birth (d/m/y) | | Age | Sex: <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Unknown | | Email | | Telephone | | Cell Phone | |
| Address | | | | | City/Province | | | Postal Code | | |
| Parent/Guardian 1 | | | Address | | | | Telephone | | Cell Phone | |
| Parent/Guardian 2 | | | Address | | | | | | | |
| School | | | Grade | | School Contact | | | | | |
| Are procedures under YCJA Pending? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | | Type of Court Order/Warrant | | | | | |
| Applicable Order or Warrant Conditions | | | | | | | | | | |
| Other: | | | | | | | | | | |
| A. FILTER 1: Pre-Hub Screening | | | | | | | | | | |
| 1. | Situation Proposed for Referral and Previous Attempts at Engagement <i>(Briefly describe the situation.)</i> | | | | | | | | | |
| | | | | | | | | | | |
| 2. | Acutely-Elevated Risk: Risk Assessment and Need for Involvement of Other Agencies. Check risk factors that apply: <i>(See the Hub Database Glossary for risk factors under each category and definitions)</i> | | | | | | | | | |
| <input type="checkbox"/> | Alcohol | | | <input type="checkbox"/> | Drugs | | | <input type="checkbox"/> | Gambling | |
| <input type="checkbox"/> | Mental Health | | | <input type="checkbox"/> | Cognitive Impairment | | | <input type="checkbox"/> | Physical Health | |
| <input type="checkbox"/> | Suicide | | | <input type="checkbox"/> | Self-Harm | | | <input type="checkbox"/> | Criminal Involvement | |
| <input type="checkbox"/> | Crime Victimization | | | <input type="checkbox"/> | Physical Violence | | | <input type="checkbox"/> | Emotional Violence | |
| <input type="checkbox"/> | Sexual Violence | | | <input type="checkbox"/> | Elderly Abuse | | | <input type="checkbox"/> | Supervision | |
| <input type="checkbox"/> | Basic Needs | | | <input type="checkbox"/> | Missing School | | | <input type="checkbox"/> | Parenting | |
| <input type="checkbox"/> | Housing | | | <input type="checkbox"/> | Poverty | | | <input type="checkbox"/> | Negative Peers | |
| <input type="checkbox"/> | Antisocial/Negative Behavior | | | <input type="checkbox"/> | Unemployment | | | <input type="checkbox"/> | Missing/Runaway | |
| <input type="checkbox"/> | Threat to Public Health and Safety | | | <input type="checkbox"/> | Gangs | | | <input type="checkbox"/> | Social Environment | |

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| Agency Specific Assessments Relevant/Consulted: | |
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| Four Elements: (Check all that apply) | |
| <input type="checkbox"/> | 1) Significant interest at stake? (What you are trying to achieve, prevent or protect is significant.) |
| <input type="checkbox"/> | 2) Probability of Harm Occurring? (There is a reasonable expectation of harm to individuals if nothing is done.) |
| <input type="checkbox"/> | 3) Significant Intensity of Harm? (The harm would constitute damage or detriment and not mere inconvenience to the individual. It is reasonable to assume that disclosure to the Hub would help minimize or prevent the anticipated harm.) |
| <input type="checkbox"/> | 4) Multidisciplinary nature of risk? (The risk factors are beyond the Originating Agency's scope/mandate to mitigate the elevated level of risk. Operating risk factors cut across multiple human service disciplines. Traditional inter-agency approaches have been considered/attempted.) |
| 3. Authority for Use and Disclosure of Personal Information or Personal Health Information at the Hub | |
| <input type="checkbox"/> | Written consent obtained (<i>attach written consent form</i>) |
| <input type="checkbox"/> | Verbal consent obtained pursuant to the following authority: <ul style="list-style-type: none"> <input type="checkbox"/> s. 17.1(5) FOIP Regs - <i>attach record of verbal consent pursuant to s. 17.1(5)(b)</i> <input type="checkbox"/> s. 10.1(2) LAFOIP Regs – <i>attach record of verbal consent pursuant to s. 10.1(2)(b)(i)</i> <input type="checkbox"/> s. 6 HIPA <input type="checkbox"/> s. 18(3)(i) YDDSA <input type="checkbox"/> other Act or Reg that does not require consent to be in writing (<i>provide authority</i>): |
| <input type="checkbox"/> | Not practicable to obtain consent. Reason why: <p>Proceeding without consent under authority of Regulations for common or integrated services:</p> <ul style="list-style-type: none"> <input type="checkbox"/> s. 17.1 FOIP Regs <input type="checkbox"/> s. 10.1 LAFOIP Regs <input type="checkbox"/> s. 5.2 HIP Regs <input type="checkbox"/> s. 5.1 YDDSA Regs Other authority (<i>provide authority</i>): |
| 4. Agency Approval for Referral to Hub | |
| <input type="checkbox"/> | Supervisor/School Principal consulted Name: _____ |
| Signature of Supervisor/School Principal: _____ (<i>If required by Referring Agency</i>) | |
| Date: _____ | |
| B. Information to be Disclosed at Hub Discussion <input type="checkbox"/> New Discussion <input type="checkbox"/> Previous Discussion | |
| FILTER 2 – De-identified Information Only | |
| <i>Use no identifiers like names, names of relatives, birth dates, addresses, telephone numbers, email addresses, health services numbers, social insurance numbers. Use age range, not actual age. Avoid quasi-identifiers that could allow identity to be guessed, unless they are necessary to determine acutely elevated risk. Quasi-identifiers include: gender, location information, name of school, marital status, significant dates, ethnic origin, diagnosis information, employment, income.</i> | |
| Purpose: Determine whether threshold of “Acutely Elevated Risk” has been met. | |
| Discussion Type: <input type="checkbox"/> Dwelling <input type="checkbox"/> Environmental <input type="checkbox"/> Family <input type="checkbox"/> Neighbourhood <input type="checkbox"/> Individual | |
| Information to be disclosed: risk factors, expectation of harm (information in Section A 2 above), authority and age range: | |
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|---|--------------------------|--------------------------|---------------------------|--------------------------|-----------------|--------------------------|--|
| <input type="checkbox"/> | 0 – 4 (Pre-school Child) | <input type="checkbox"/> | 5 – 11 (School-age Child) | <input type="checkbox"/> | 12 – 17 (Youth) | <input type="checkbox"/> | 18 + (Adult) |
| <input type="checkbox"/> | Accepted | <input type="checkbox"/> | Rejected | Reason for Rejection: | | | |
| FILTER 3 -- Minimal Identifiable Information | | | | | | | |
| Purpose: Determine whether individuals are sufficiently connected to services, if elevated risk remains and, if so, identify agencies to participate in Filter 4 discussion | | | | | | | |
| YO case Conference called by: <input type="checkbox"/> Police <input type="checkbox"/> Corrections | | | | | | | |
| Information to be disclosed at Filter 3: | | | | | | | |
| <input type="checkbox"/> | Name | <input type="checkbox"/> | Birth date | <input type="checkbox"/> | Gender | <input type="checkbox"/> | Other if required to meet the Filter 3 purpose. Specify below: |
| | | | | | | | |
| FILTER 4 – Identifiable Information Necessary to Address the Immediate Risk (For Filter 4 Participants only) | | | | | | | |
| Lead Agency: | | | | | | | |
| Assisting Agencies: | | | | | | | |
| Issue Flags: <input type="checkbox"/> Domestic violence <input type="checkbox"/> Systemic issue <input type="checkbox"/> # of people informed of/connected to/engaged in services through the intervention: | | | | | | | |
| Study Flags: | | | | | | | |
| Date of Discussion Pending: | | | | | | | |
| Purpose: Determine action/intervention to be taken to reduce the acutely-elevated risk. | | | | | | | |
| Information to be disclosed at Filter 4: <i>(disclose only information necessary to enable assessment of the situation and determination of appropriate actions to address immediate risk)</i> | | | | | | | |
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| C. Verification by Hub Participant of Information Disclosed | | | | Hub Meeting Date: | | | |
| <input type="checkbox"/> No information was disclosed at each filter other than the information specified under Section B. above OR <input type="checkbox"/> The following information was disclosed in addition to the information specified under Section B. above <i>(Indicate both the additional information disclosed and the filter at which it was disclosed).</i> | | | | | | | |
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| FORM TO BE PLACED ON CLIENT FILE/ AGENCY RECORD SYSTEM UPON COMPLETION | | | | File No./Name: | | | |
| IF A NEW SITUATION ARISES WITH THIS CLIENT, A NEW FORM SHOULD BE COMPLETED AND FILED | | | | | | | |