

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 #: _____

 306-525-0521

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