

Fusion Program Referral

Using this form: please complete to the best of your knowledge, and include as much information as possible in “reason for referral”. When completed, please e-mail as an attachment to the program inbox, fusionreferrals@growwithtrellis.ca.

This information is protected under the provisions of Section 33 (c) of the Alberta Freedom of Information and Protection of Privacy Act and will be protected under Part 2 of that Act and of the Personal Information Protection Act, SA 2003 c. p-6.5.

You may contact our Privacy/FOIPP Officer at 403-276-9981 for information about the collection, use, retention and disclosure of personal information. You have the right to access your personal information on file with us.

REFERRAL SOURCE	
Date of referral:	
Name of individual making the referral:	
Organization/Program referring:	
Referrer’s phone number:	
Referrer’s email address:	

REASON FOR REFERRAL
<i>Please describe youth’s needs for support, current status</i>

Client Information:			
Full legal name:			
Preferred name/nickname:		Pronoun used:	
Date of birth:			
Best way to contact youth (phone, email, social media)		Contact info (phone number, email)	
CFS Involvement?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, status:	

The quadrant of the city youth/family lives in	
Current housing status? (If varied, check all that apply within the past 30 days)	<input type="checkbox"/> Living with parent/guardian <input type="checkbox"/> Couch-surfing <input type="checkbox"/> Homeless (sleeping rough) <input type="checkbox"/> Youth homeless shelter <input type="checkbox"/> Other: _____
Is the youth currently at risk of homelessness? (Include details)	
Substance use or addictions issues? (Include details re: use, type, frequency)	
Physical health or mental health challenges?	
Challenges meeting basic needs? (access to food, clothing, shower)	
Is the youth at risk of/currently experiencing sexual exploitation?	

Natural Supports			
Name:		Name:	
Relationship to Youth: <input type="checkbox"/> Resides with youth?		Relationship to Youth: <input type="checkbox"/> Resides with youth?	
Phone number:		Phone number:	
Email address:		Email address:	

Professional Supports:

Additional program or agency where the youth is receiving supports?	
Type of supports, duration of services	
Individual to contact – Name:	
Email or phone:	

Follow-Up – Completed by Fusion Staff

Reporter Name:	
Date Sent/Received by Fusion:	
First Contact by Fusion:	