



MERIT

REFERRAL FORM

Situation # _____

CONFIDENTIAL

DRAFT MERIT REFERRAL FORM

Date: (d/m/y)		Referring Name:				Telephone:	
CLIENT/STUDENT/FAMILY INFORMATION: Not for disclosure until Filters 3 and 4 <i>(Complete Information Relevant for Referring Agency)</i>							
Client/Student Name						Agency Identifier	
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					
Person with Legal Custody		Address					
Spouse/Siblings or other significant Family Members (only if individual involved or at risk)							
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:							
FILTER 1: PRE-HUB SCREENING							
A	Situation Proposed for Referral and Previous Attempts at Engagement <i>(Briefly describe the situation.)</i>						
B	Acutely-Elevated Risk: Risk Assessment and Need for Involvement of Other Agencies. Check risk factors that apply: <i>(These are categories of risk factors from the Hub Database. Glossary of Risk Factors. See the 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 Behaviour	<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		

Agency Specific Assessments Relevant/Consulted:	

Four Elements: (Check all that apply)	
<input type="checkbox"/>	1) Significant interest at stake?
<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.)

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 – Appendix A</i>)
<input type="checkbox"/>	Verbal consent obtained (<i>attach verbal consent form – Appendix B</i>)
	Not practicable to obtain consent. Reason why:
	Proceeding without consent under authority of: (<i>provide applicable authority below</i>)
<input type="checkbox"/>	[Potential Regulations for common or integrated services.]
<input type="checkbox"/>	Other:

C Agency Approval for Referral to Hub	
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<input type="checkbox"/>	Supervisor/School Principal consulted	Name:
Signature of Supervisor/School Principal: (If required by Referring Agency)		Date:

D Information to be Disclosed at Hub Discussion	<input type="checkbox"/> New Discussion <input type="checkbox"/> Previous Discussion	Discussion Number:
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FILTER 2 – De-identified Information Only
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.

Purpose: Determine whether threshold of “Acutely Elevated Risk” has been met.

Discussion Type: Dwelling Environmental Family Neighbourhood Individual

Information to be disclosed: risk factors, expectation of harm, authority (**information listed in Section B**) and age range:

<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)
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<input type="checkbox"/>	Accepted	<input type="checkbox"/>	Rejected	Reason for Rejection:
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