Jordan's Principle

REFER OUT FORM

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MANITOR dan's Principle aims to reduce barriers experienced by First Nations children when trying to access support and care required to maintain a safe and healthy lifestyle. Jordan's Principle in Manitoba applies to First Nations children aged 0 to 17 and can help with a wide range of health, social and educational needs. For more information and specific eligibility criteria go to www.jordansprinciplemb.com.

<u>How to use this tool:</u> The Refer Out Form is meant to be used by Jordan's Principle workers when creating referrals for service on behalf of the client. Much of the information should be available from a completed Wholistic Intake Form.

Client Information Date (mm/dd/yyyy):							
First name:		DOB (mm/dd/yyyy)	:		Gender: M F X		
Last name:		Band:					
MHSC#:	PHIN:			Status #:			
Address:					Phone:		
Mode of Communication (circle): S		ge / Gesture	/ Augmenta	ative (symbo	ol-based)		
Pref. Spoken Language:		Interpreter needed?: Y / N Lang		Language:			
Client attends (circle): Head Start / Daycare / School (Grade:) / Other:							
Parent/Legal Guardian/Caregiver Information							
Name: Relationshi			p to Client: Parent / Legal Guardian / Caregiver				
Address:				Phone:			
Is Client involved with a child & fa	amily agency? Y / N	CFS Work	er's Name:				
Agency:				Phone:			
Other Family Members Involved							
				Phone:			
				Phone:			
	Co	onsent Fori	ns	•			
Enrollment Consent Form signed by: Child (16 yrs & older only) Parent/Legal Guardian/Caregiver Not signed							
Information Exchange Consent Form signed by: ☐ Child ☐ Parent/Legal Guardian ☐ Not signed							
Contact for Appointments							
☐ Child (16 yrs & older only) ☐ Parei							
Name Dala Consultation	Refer Out	Form com	pleted by:	Db /E : 1/E			
Name, Role, Organization:			Ph/Email/Fax:				
Service Being Requested							
□ Manitoba Adolescent Treament Ce		elehealth - Fa	ax: 204-958-	6260			
□ St. Amant Central Intake - Fax: 204-258-7066 □ Child & Adolescent Mental Health Service Central Intake - Fax: 204-958-9626							
 □ Manitoba First Nations Education I 		rax. 204-950	<u>-9020</u>				
□ Frontier School Division	resource ochire						
□ Rehabilitation Centre for Children Ph: 204-258-6720 / 1-855-884-8384 Fax: 204-258-6795							
□ Non-insured Health Benefits							
□ Other:							
THIS AREA FOR RECIPIENT ORGA	ANIZATION USE ONLY						
Received date:	by:		Processed of	date:		by:	

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Client Name:	DOB:	PHIN:					
Reason for Referral							
Mental, Emotional & Spirirtual Needs							
If yes to any, describe above: □substance use □significa	ant losses □abuse □tra	uma □mental health concern □self-harm					
Pr	ysical Needs						
Mobility: □Walking □Power Wheelchair □Manual Wheel	chair □Other						
Vision: □Functional □Impariment □Visual Aides	Hearing: □Functional □	□Hearing Loss (Aided) □Hearing Loss (Unaided)					
Diagnosed Conditions:							
Medications:							
Allergies:							
Other relevant information:							
Family & Social Situation							
(living arrangements, current/past CFS involvement, current/past legal system involvement, bullying, peers, school involvement, interests)							
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Client Name:	DOB:	PHIN:	7 Version: 2021.03.31 Fage 3 01 3
	OK to share updates?		
Jordan's Principle Case Manager:	Other Service Providers Invo		Y / N
Primary Care Provider:	Ph/Ema	il/Fax:	Y / N
Daycare/School Contact:	Ph/Ema	il/Fax:	Y / N
Elder/Spiritual Care Provider:	Ph/Ema	il/Fax:	Y / N
Mental Health Care Provider:	Ph/Ema	il/Fax:	Y / N
Other:	Ph/Ema	il/Fax:	Y / N
Other:	Ph/Ema	il/Fax:	Y / N
	Additional Information		. ,