

## 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, [fusion@growwithtrellis.ca](mailto:fusion@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

*Please describe youth’s needs for support, current status*

### 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?

Yes     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<br><input type="checkbox"/> Homeless (sleeping rough) <input type="checkbox"/> Youth homeless shelter<br><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:<br><input type="checkbox"/> Resides with youth? |  | Relationship to Youth:<br><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: