



Radius Community Integration Services Acquired Brain Injury Program Referral and Intake Process

REFERRAL

1. Parental/caregiver, individual (if 18yrs of age or over) and service provider consent is required to share relevant personal information required for the referral.
2. Referrals can be made to the Radius Community Integration Services (CIS) Coordinator through the schools, Saskatchewan Central ABI Outreach Team, or community agencies involved with the children/youth that have an Acquired Brain Injury.
3. Initial screening will be done by the Radius CIS Coordinator who will consult with the designated education/health contacts.
 - A. When the referral is received from the ABI Outreach Team, Radius will begin the application process by contacting the family and appropriate school division.
 - B. When the referral is received from a family, individual, school division or a community agency, Radius will consult with the Manager of the Sask. Central ABI Outreach Team to ensure an appropriate ABI assessment.
4. In consultation with designated health and education contacts, Radius will prioritise the applications.
5. Radius, will consult with the child/youth, parents, local school, existing service providers and the ABI Outreach Team to develop and appropriate community integration plan.

INTAKE

The Radius Community Integration Services (CIS) is designed to provide one to one support for the child/youth and link them with existing community programs and services. To reflect this model the criteria for participation will be:

1. The child (6-14) youth (14-21) and family are willing to voluntarily participate with the Radius Community Integration Service.
2. The child/youth has been or will be referred to the ABI Outreach Team to confirm that the child/youth have a medically diagnosed acquired brain injury (ABI) as a result of traumatic, chronic or pathological injury and is not related to congenital or degenerative disease.
4. The child/youth needs to be enrolled in an education program under the jurisdiction of one of the three Saskatoon and area school divisions: Saskatoon Board of Education, Greater Saskatoon Catholic Schools, or Prairie Spirit School Division.



**RADIUS COMMUNITY INTEGRATION SERVICES
ABI PROGRAM PARTICIPANT INTAKE FORM**

PERSONAL DATA:

DATE: _____

NAME: _____ SEX: ___ M ___ F

ADDRESS: _____

CITY: _____ POSTAL CODE: _____ PHONE: _____

BIRTHDATE: _____ PRESENT AGE: _____

MOTHER'S NAME/ADDRESS: _____

HOME PHONE: _____ BUSINESS PHONE: _____

FATHER'S NAME/ADDRESS: _____

HOME PHONE: _____ BUSINESS PHONE: _____

GUARDIAN'S NAME/ADDRESS: _____

HOME PHONE: _____ BUSINESS PHONE: _____

CHILD CURRENTLY LIVES WITH? Both parents Mother Father Guardian

SASKATCHEWAN HEALTH #: _____

Has parental/guardian consent been given for the referral? Yes No
(Please sign the attached forms)

EDUCATIONAL INFORMATION:

SCHOOL DIVISION: S'TOON CATHOLIC S'TOON PUBLIC PRAIRIE SPIRIT

REFERRED BY: _____ SCHOOL: _____

TEACHER: _____ PHONE: _____ GRADE: _____

OTHER SCHOOL STAFF, AGENCIES OR COUNSELLORS INVOLVED WITH THE FAMILY? _____

ACQUIRED BRAIN INJURY OUTREACH TEAM INFORMATION:

Is child/youth currently involved with the ABI Outreach Team? Yes No

REFERRED BY: _____

OTHER ORGANISATIONS ACTIVELY INVOLVED?

OTHER IMPORTANT INFORMATION:

DATE OF INJURY _____

CAUSE OF INJURY? _____

NATURE OF INJURY? _____

LEVEL OF MOBILITY? _____

Current Behavioral, Emotional, Cognitive issues that would impact the integration plan:

Reason for Referral: _____

Is there a Community Integration Plan? _____

Family/Guardian Concerns: _____

FOR OFFICE USE ONLY:

1. Refer to ABI Team Yes No Comments: _____
2. Referred to other Agency:

3. Contact school division:

4. Contact School Yes No
5. Referral Accepted: Yes, Contact for Interview No, Reason: _____
6. Mayo – Portland Completed by: Radius or ABI Outreach Team (circle one)

7. SGI: Indicate pre or post 95 injury: _____
Start Date: _____

Recommendations:

