

Fax to 613-545-3557 Questions? Call 613-544-3400 x 3175 or Toll Free: 1-855-544-3400 ext. 3175

**Please note: URS is NOT a crisis intervention and does not respond outside of business hours
Child/ youth being referred for URS must be registered with the OAP**

A. Referral Source Information: (This form may be completed by family or service provider.)

Today's Date (dd/mm/yyyy):

Name (Referring Individual):

Agency/Organization (If you are a Service Provider):

Contact Phone #:

Alternate #:

Reason URS is being requested – please check all that apply

Suicidal Ideation or Behaviour

Self-Injurious Behaviour

Violent Thinking

Aggression

Fire Starting

Inappropriate Sexual Behaviour

Harm to Animals

Flight Risk

Risk of Exploitation

Property Destruction

Is the child/ youth registered with the OAP Y N OAP# (if known):

If referral source is the OAP Independent Intake organization (IIO) please attach the URS Screen 1 form

Are you the legal guardian? Y N If No, have Parents/Guardians consented to this referral? Y N

Family lives in: Hastings, Prince Edward Lanark, Leeds & Grenville Kingston, Frontenac, Lennox & Addington

B. Child / Youth Information:

Last Name:

First Name:

Date of Birth (dd/mm/yyyy):

Address:

Preferred Pronouns:

City:

Postal Code:

Parent/Guardian Name #1:

Legal Guardian: Y N Living With Child: Y N

Relationship:

Address: Same as Child/Youth

City:

Postal Code:

Check Preferred # Home #:

Cell #:

Work #:

Parent/Guardian Name #2:

Legal Guardian: Y N Living With Child: Y N

Relationship:

Address: Same as Child/Youth

City:

Postal Code:

Check Preferred # Home #:

Cell #:

Work #:

Custody Arrangements (if applicable): Joint Sole No Agreement Formal Agreement Family & Children Services
Comments/Details:

C. Additional Information (Voluntary):

Self-Identification:

Francophone

First Nations

Metis

Inuit

Language(s) Spoken:

Interpreter Required: Y N

D. Who else is working with the child/youth? (Include family doctor, health care specialists, behaviour services, school, child care, etc.)

Service Name	Contact Name & Phone #	Active (A) or Waiting (W)

