



SITUATION TABLE REFERRAL FORM

Completion of this form is required prior to presenting at the Situation Table.

FILTER 1: Agency screening prior to introduction to the Situation Table

Referring agency: Click here to enter text.	Date: Click here to enter a date.
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Name of referring staff: Click here to enter text.	Telephone: Click here to enter text.
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Email: Click here to enter text.

Case Number: PR – 2020 - Click here to enter text.

Elements of Acutely Elevated Risk: (Check all that apply)

- 1) Significant interest at stake? (*"Significant interest" usually refers to an individual or a family but could refer to an array of situations involving a vulnerable group, a dwelling, neighbourhood or environment.*)
- 2) Probability of harm occurring? (*There is a reasonable expectation of harm to individuals if nothing is done.*)
- 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 Situation Table would help minimize or prevent the anticipated harm.*)
- 4) Multi-disciplinary nature of risk? (*The risk factors are beyond the Originating Agency's scope/mandate to mitigate the elevated level of risk. Traditional inter-agency approaches have been considered/attempted.*)

Was client consent obtained? Yes No **Consent type:** Implied Written Verbal

FILTER 2: De-identified discussion at the Situation Table Use no identifiers like names, names of relatives, birth dates, addresses, telephone numbers, email addresses, health services numbers, social insurance numbers. Avoid quasi-identifiers that could allow identity to be guessed, unless they are necessary to determine acutely elevated risk. Quasi-identifiers include: location information, name of school, marital status, significant dates, ethnic origin, diagnosis information, employment, income.

Discussion type:	Age group:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown <input type="checkbox"/> X (<i>which includes Trans, Non-Binary, Two-Spirit, and Binary people and people who don't want to disclose their gender identity</i>)
<input type="checkbox"/> Person	<input type="checkbox"/> 0-5 years <input type="checkbox"/> 6-11 years	First language: <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other: _____
<input type="checkbox"/> Family (<i>see below</i>)	<input type="checkbox"/> 12-17 years <input type="checkbox"/> 18-24 years	
<input type="checkbox"/> Dwelling	<input type="checkbox"/> 25-29 years <input type="checkbox"/> 30-39 years	Preferred language: <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other: _____
<input type="checkbox"/> Environmental	<input type="checkbox"/> 40-49 years <input type="checkbox"/> 50-59 years	
<input type="checkbox"/> Neighbourhood	<input type="checkbox"/> 60-69 <input type="checkbox"/> 70-79	
<input type="checkbox"/> Other	<input type="checkbox"/> 80+ years <input type="checkbox"/> Unknown	
	<input type="checkbox"/> N/A <input type="checkbox"/> Youth Criminal Justice Act	

Additional subjects/active affected persons: If you have selected "family" as the discussion type, please complete the following section:

	Age group:	Primary caregiver:
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown <input type="checkbox"/> X	<input type="checkbox"/> 0-5 years <input type="checkbox"/> 6-11 years <input type="checkbox"/> 12-17 years <input type="checkbox"/> 18-24 years <input type="checkbox"/> 25-29 years <input type="checkbox"/> 30-39 years <input type="checkbox"/> 40-59 years <input type="checkbox"/> 50-59 years <input type="checkbox"/> 60-69 <input type="checkbox"/> 70-79 <input type="checkbox"/> 80+ years <input type="checkbox"/> Unknown <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown <input type="checkbox"/> X	<input type="checkbox"/> 0-5 years <input type="checkbox"/> 6-11 years <input type="checkbox"/> 12-17 years <input type="checkbox"/> 18-24 years <input type="checkbox"/> 25-29 years <input type="checkbox"/> 30-39 years <input type="checkbox"/> 40-59 years <input type="checkbox"/> 50-59 years <input type="checkbox"/> 60-69 <input type="checkbox"/> 70-79 <input type="checkbox"/> 80+ years <input type="checkbox"/> Unknown <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown <input type="checkbox"/> X	<input type="checkbox"/> 0-5 years <input type="checkbox"/> 6-11 years <input type="checkbox"/> 12-17 years <input type="checkbox"/> 18-24 years <input type="checkbox"/> 25-29 years <input type="checkbox"/> 30-39 years <input type="checkbox"/> 40-59 years <input type="checkbox"/> 50-59 years <input type="checkbox"/> 60-69 <input type="checkbox"/> 70-79 <input type="checkbox"/> 80+ years <input type="checkbox"/> Unknown <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

Risk factors: Check all risk factors that apply. *Please refer to the **Glossary of risk factors** for definitions.



Ontario 105 Risk
Factors with Definition

Alcohol:	<input type="checkbox"/> abuse by person <input type="checkbox"/> alcohol use by person <input type="checkbox"/> alcohol abuse in home <input type="checkbox"/> harm caused by abuse in home <input type="checkbox"/> history of alcohol abuse in home
Antisocial/negative behaviour:	<input type="checkbox"/> within the home <input type="checkbox"/> person exhibiting
Basics needs:	<input type="checkbox"/> person being neglected by others <input type="checkbox"/> person neglecting others' basic needs <input type="checkbox"/> person unable to meet own basic needs <input type="checkbox"/> person unwilling to have basic needs met
Cognitive functioning:	<input type="checkbox"/> diagnosed <input type="checkbox"/> suspected <input type="checkbox"/> self-reported
Crime victimization:	<input type="checkbox"/> arson <input type="checkbox"/> assault <input type="checkbox"/> break & enter <input type="checkbox"/> damage to property <input type="checkbox"/> robbery <input type="checkbox"/> sexual assault <input type="checkbox"/> theft <input type="checkbox"/> threat <input type="checkbox"/> other
Criminal involvement:	<input type="checkbox"/> animal cruelty <input type="checkbox"/> arson <input type="checkbox"/> assault <input type="checkbox"/> break and enter <input type="checkbox"/> damage to property <input type="checkbox"/> drug trafficking <input type="checkbox"/> homicide <input type="checkbox"/> possession of weapons <input type="checkbox"/> robbery <input type="checkbox"/> sexual assault <input type="checkbox"/> theft <input type="checkbox"/> threat <input type="checkbox"/> other
Drugs:	<input type="checkbox"/> drug abuse by person <input type="checkbox"/> drug abuse in home <input type="checkbox"/> drug use by person <input type="checkbox"/> harm caused by drug abuse in home <input type="checkbox"/> history of drug abuse in home
Elder abuse:	<input type="checkbox"/> person perpetrator <input type="checkbox"/> person victim of
Emotional violence:	<input type="checkbox"/> in home <input type="checkbox"/> person affected by <input type="checkbox"/> perpetrator <input type="checkbox"/> victim
Gambling:	<input type="checkbox"/> chronic by person <input type="checkbox"/> chronic causes harm to others <input type="checkbox"/> chronic causes harm to self <input type="checkbox"/> person affected by gambling of others
Gangs:	<input type="checkbox"/> association <input type="checkbox"/> member <input type="checkbox"/> threatened by <input type="checkbox"/> victimized by
Housing:	<input type="checkbox"/> lack of appropriate housing <input type="checkbox"/> transient but access to appropriate housing
Mental health:	<input type="checkbox"/> diagnosed <input type="checkbox"/> grief <input type="checkbox"/> in the home <input type="checkbox"/> not following treatment <input type="checkbox"/> self-reported <input type="checkbox"/> suspected <input type="checkbox"/> witnessed traumatic event
Missing school:	<input type="checkbox"/> chronic absenteeism <input type="checkbox"/> truancy
Missing/runaway:	<input type="checkbox"/> history of being reported by police <input type="checkbox"/> person reported as missing <input type="checkbox"/> with parents' knowledge/whereabouts <input type="checkbox"/> without parents' knowledge/whereabouts
Negative peers:	<input type="checkbox"/> person associating with negative peers <input type="checkbox"/> person serving as negative peer to others
Parenting:	<input type="checkbox"/> parent-child conflict <input type="checkbox"/> person not providing proper parenting <input type="checkbox"/> person not receiving proper parenting
Physical health:	<input type="checkbox"/> chronic disease <input type="checkbox"/> general health issue <input type="checkbox"/> not following prescribed treatment <input type="checkbox"/> nutritional deficit <input type="checkbox"/> pregnant <input type="checkbox"/> terminal illness
Physical violence:	<input type="checkbox"/> person affected by <input type="checkbox"/> person perpetrator of <input type="checkbox"/> person victim of <input type="checkbox"/> in the home
Poverty:	<input type="checkbox"/> living in less than adequate financial situation
Self-harm:	<input type="checkbox"/> engaged in <input type="checkbox"/> threatens self-harm
Sexual violence:	<input type="checkbox"/> affected by <input type="checkbox"/> perpetrator of <input type="checkbox"/> victim of <input type="checkbox"/> in the home
Social environment:	<input type="checkbox"/> frequents negative locations <input type="checkbox"/> negative neighbourhood
Suicide:	<input type="checkbox"/> affected by <input type="checkbox"/> current suicide risk <input type="checkbox"/> previous suicide risk
Supervision:	<input type="checkbox"/> not properly supervised <input type="checkbox"/> not providing proper supervision
Threat to public health & safety:	<input type="checkbox"/> person's behaviour a threat to public health & safety
Unemployment:	<input type="checkbox"/> caregiver(s) chronically unemployed <input type="checkbox"/> caregiver(s) temporarily unemployed <input type="checkbox"/> person chronically unemployed <input type="checkbox"/> person temporarily unemployed

Study flags: Check study flags that apply. *Please refer to the **Glossary of study flags** for definitions.



Study Flag
Definitions - FINAL - _

<input type="checkbox"/> Acquired Brain Injury	<input type="checkbox"/> Gender Issues	<input type="checkbox"/> Recent Escalation
<input type="checkbox"/> Child Involved	<input type="checkbox"/> Hoarding	<input type="checkbox"/> Recidivism
<input type="checkbox"/> Cognitive Disability	<input type="checkbox"/> Homelessness	<input type="checkbox"/> Risk of Losing Housing/Unsafe Living Conditions
<input type="checkbox"/> Cultural Considerations	<input type="checkbox"/> Homicidal Ideation	<input type="checkbox"/> Risk of Radicalization
<input type="checkbox"/> Custody Issues/Child Welfare	<input type="checkbox"/> Risk of Human Trafficking	<input type="checkbox"/> Settlement Challenges
<input type="checkbox"/> Cyber Safety	<input type="checkbox"/> Inappropriate Sexual Behaviour/Hyper-sexuality	<input type="checkbox"/> Sex Trade
<input type="checkbox"/> Developmental Disability	<input type="checkbox"/> Lack of Supports for Elderly Person(s)	<input type="checkbox"/> Social Isolation
<input type="checkbox"/> Domestic Violence	<input type="checkbox"/> Language/Communication Barrier	<input type="checkbox"/> Social Media
<input type="checkbox"/> Fire Safety	<input type="checkbox"/> Learning Disability	<input type="checkbox"/> Transportation Issues
<input type="checkbox"/> Gaming/Internet Addiction	<input type="checkbox"/> Methamphetamine Use	<input type="checkbox"/> Trespassing
<input type="checkbox"/> Geographical Isolation	<input type="checkbox"/> Problematic Opioid Use	<input type="checkbox"/> Wait list

Protective factors: Check protective factors that apply. *Please refer to the **Glossary of protective factors** for definitions.



Protective Factors -
CS W Protective Fac

Financial security and employment	<input type="checkbox"/> Stable employment <input type="checkbox"/> Financial stability <input type="checkbox"/> Ongoing financial supplement <input type="checkbox"/> Temporary financial support <input type="checkbox"/> Work life balance <input type="checkbox"/> Positive work environment
Housing and neighbourhood	<input type="checkbox"/> Appropriate, sustainable housing <input type="checkbox"/> Access to stable housing <input type="checkbox"/> Positive, cohesive community <input type="checkbox"/> Access to/availability of resources, professional services and social <input type="checkbox"/> Housing in close proximity to services <input type="checkbox"/> Relationships established with neighbours
Family supports	<input type="checkbox"/> Positive support within the family <input type="checkbox"/> Single parent family with a strong father or mother figure <input type="checkbox"/> Adequate parental supervision <input type="checkbox"/> Both parents involved in childcare <input type="checkbox"/> Parental level of education <input type="checkbox"/> Strong family bond <input type="checkbox"/> Stability of the family unit <input type="checkbox"/> Positive relationship with spouse <input type="checkbox"/> Family life is integrated into the life of the community <input type="checkbox"/> Open communication among family members <input type="checkbox"/> Strong parenting skills
Education	<input type="checkbox"/> School activities involving the family <input type="checkbox"/> Positive school experiences <input type="checkbox"/> Adequate level of education <input type="checkbox"/> Caring school environment <input type="checkbox"/> Academic achievement <input type="checkbox"/> Involvement in extracurricular activities <input type="checkbox"/> Access to/availability of cultural education
Social support network	<input type="checkbox"/> Positive role models/relationship with adult <input type="checkbox"/> Close friendships with positive peers <input type="checkbox"/> High level of trust in community support services <input type="checkbox"/> High level of trust in police
Pro-social/positive behaviour	<input type="checkbox"/> Optimism and positive expectations for the future <input type="checkbox"/> Sense of responsibility <input type="checkbox"/> Positive interpersonal skills <input type="checkbox"/> Positive pro-social behaviours <input type="checkbox"/> Strong problem-solving skills <input type="checkbox"/> Strong engagement/affiliation in community, spiritual and/or cultural activities

Physical health	<input type="checkbox"/> Accessing resources/services to improve a temporary physical health issue <input type="checkbox"/> Positive physical health <input type="checkbox"/> Primary care physician <input type="checkbox"/> Demonstrates commitment to maintaining good physical health <input type="checkbox"/> Accessing consistent resources/services to improve on-going physical health issue
Mental health	<input type="checkbox"/> Accessing resources/services related to mental health <input type="checkbox"/> Self-esteem <input type="checkbox"/> Self-efficacy <input type="checkbox"/> Adaptability <input type="checkbox"/> Taking prescribed medication

Situation Table request: [Click here to enter text.](#)

FILTER 3: Identify the assisting agencies for the intervention

<input type="checkbox"/>	Adult Probation and Parole - Ministry of the Solicitor General - Prescott-Russell	<input type="checkbox"/>	Hopital Montfort - Montfort Inpatient Psychiatric Unit
<input type="checkbox"/>	Canadian Mental Health Association - Champlain East - Hawkesbury Office	<input type="checkbox"/>	Laurencrest Youth Services:
<input type="checkbox"/>	Catholic District School Board of Eastern Ontario	<input type="checkbox"/>	Maison Interlude House - Hawkesbury
<input type="checkbox"/>	Centre Novas CALACS francophone de Prescott-	<input type="checkbox"/>	Ontario Provincial Police - Hawkesbury
<input type="checkbox"/>	Clinique juridique de Prescott et Russell Inc.	<input type="checkbox"/>	Ontario Provincial Police - Russell County
<input type="checkbox"/>	Conseil des écoles publiques de l'Est de l'Ontario	<input type="checkbox"/>	Ontario Works - United Counties of Prescott-Russell:
<input type="checkbox"/>	Conseil scolaire du district catholique de l'est Ontario	<input type="checkbox"/>	Roberts Smart Centre
<input type="checkbox"/>	Hawkesbury General Hospital - Addiction Services	<input type="checkbox"/>	United Counties of Prescott-Russell - Housing Services
<input type="checkbox"/>	Hawkesbury General Hospital - Adult Mental	<input type="checkbox"/>	United Counties of Prescott-Russell - Paramedic Services
<input type="checkbox"/>	Hôpital général de Hawkesbury - Assertive Community Treatment Team	<input type="checkbox"/>	Upper Canada District School Board - Prescott-Russell
<input type="checkbox"/>	Hôpital général de Hawkesbury - Programme de soins aux victimes d'agression sexuelle, de violence conjugale et de violence envers les aînés:	<input type="checkbox"/>	Valoris for Children and Adults of Prescott-Russell
<input type="checkbox"/>	Hôpital général de Hawkesbury - Crisis Team	<input type="checkbox"/>	Victim Services of Prescott-Russell
<input type="checkbox"/>	Hôpital général de Hawkesbury - Geriatric Psychiatry	<input type="checkbox"/>	Youth Justice Services - Ministry of Children, Community and Social Services - Prescott-Russell
<input type="checkbox"/>	Youturn Youth Support Services	<input type="checkbox"/>	Other (specify agency/service):

Lead agency identified:

Discussion number:

FILTER 4: Full in-camera discussion among intervening agencies only (for Filter 4 participants only)

Location of intervention:	Date of intervention:	Time of intervention:
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Information to be disclosed at Filter 4 (*disclose only information necessary to enable assessment of the situation and determination of appropriate actions to address immediate risk*)

Name: Click here to enter text.	Date of birth: (d/m/y) Click here to enter a date.	Age: Click here to enter text.
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Telephone number: Click here to enter text.	Address: Click here to enter text.	
Siblings and/or other children living in the home: Click here to enter text.	School: Click here to enter text.	Grade: Click here to enter text.
Other information necessary to enable assessment of the situation and determination of appropriate actions to address immediate risk: Click here to enter text.		