****SHINE Children & Youth Services**

**ResiL!ence @ SHINE**

**Case Referral Form**

*Note: Please refer to legend on the last page for explanations on responsiveness, services requested, and referral arrangement as needed.*

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| 1. **Referrer’s Information** | | | | |
| **Name (Designation):** |  | | | |
| **Organization (Programme):** |  | | | |
| **Contact no.:** |  | | **Email:** |  |
| **Referral date:** | Click or tap to enter a date. | | | |
| **Updates required:** | Choose an item. | *Indicate type, frequency and mode of updates needed.* | | |
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| 1. **Service Fit** | | | |
| **Within West region:** | Choose an item. |  | |
| **Beyond West region:** |  | **Age of youth:** | Choose an item. |
| **Has a formal mental health diagnosis:** | Choose an item. | *Provide information as feasible.* | |
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| **Currently receiving mental health services:** | Choose an item. | *Indicate ongoing support / treatment and if services will continue after referral.* | |
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| **Youth’s responsiveness to services (if applicable):** | Choose an item. | **Caregiver’s responsiveness to services (if applicable):** | Choose an item. |
| **Active non-suicidal self-injury behaviours:** | Choose an item. | *Indicate methods, frequency, alternatives recommended.* | |
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| **Active suicide ideation:** | Choose an item. | *Indicate risk level, frequency, past attempts, safety plan.* | |
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| **Youth consent:**  *Required for screening and/or youth related services.* | Choose an item. | **Caregiver consent:**  *Required for outreach and/or caregiver related services.* | Choose an item. |

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| 1. **Youth’s Information** | | | | | | | | | | | | | |
| **Full Name (as per NRIC):** | |  | | | | | | | **D.O.B (Age):** | | | |  |
| **Contact no. /** | |  | | | | **IG handle:** | | | |  | | | |
| **Email:** | |  | | | | | | | | | | | |
| **Sex:** | Choose an item. | | | **Ethnicity:** | | Choose an item. | | | | |  | | |
| **Preferred pronoun:** | | | **Choose an item.** | | | | **Preferred name (if applicable):** | | | | |  | |
| **Engagement Status:** | Choose an item. | | |  | | | | | | | | | |
| **Current education status / Highest qualification:** | | **Choose an item.** | | | | **Current employment status (if applicable):** | | | | | | **Choose an item.** | |
| **Current school / institution (if applicable):** | | *Indicate only if youth / caregiver has given consent for us to engage them.* | | | | | | | | | | | |
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| **Brief family background:** | | *Include genogram, ecomap, quality of relations, history of mental illness / abuse.* | | | | | | | | | | | |
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| **Referral issue(s) and related risk(s) / concern(s):** | | *Indicate mental health concerns, onset and duration and relevant information.* | | | | | | | | | | | |
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| **Reason(s) for referral:** | | *Indicate assessment, clinical judgement, concerns if no services rendered.* | | | | | | | | | | | |
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| **Service(s) requested:** | | Youth outreach | | | | | | Mental health screening | | | | | |
| Basic emotional support | | | | | | Peer supporting | | | | | |
| Monitoring | | | | | | Caregiver engagement | | | | | |
| Caregiver support | | | | | |  | | | | | |
| Others, specify: | | |  | | | | | | | | |
| **Identified asset(s) / interest(s):** | | *Indicate strengths and supports that can be tapped on.* | | | | | | | | | | | |
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| **Aspirations of youth / caregiver:** | | *Indicate hopes of youth and/or caregiver in general or for this referral.* | | | | | | | | | | | |
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| 1. **Caregiver’s Information (if applicable)** | | | | |
| **Full Name (as per NRIC):** |  | | **D.O.B (Age):** |  |
| **Relationship with youth:** | Choose an item. | | **Employment status:** | Choose an item. |
| **Contact no.:** |  | **Email:** |  | |

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| 1. **Emergency Contact (if applicable)** | | | |
| *Required for youth with suicide risk. If caregiver is contact, indicate ‘stated caregiver’ in the name section.* | | | |
| **Name:** |  | **Relationship with youth:** |  |
| **Contact no.:** |  | | |

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| 1. **Support Networks** | | | |
| ***Formal*** | | | |
| *Indicate formal helping services (e.g., school counseling, psychiatric treatment).* | | | |
| **Name (Designation)** | **Organization** | **Contact no. / Email** | **Services rendered** |
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| ***Informal*** | | | |
| *Indicate informal support (e.g., older sibling, close friend) that gave consent for engagement.* | | | |
| **Name** | **Relationship** | **Contact no.** | **Support rendered** |
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| 1. **Follow-up preferences** | | | |
| **Referral arrangement:** | Choose an item. | **Preferred mode of contact:** | Choose an item. |
| **Youth’s preferred language:** |  | **Caregiver’s preferred language:** |  |

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| 1. **Acknowledgement (For agency use)** | | | | | |
| **Intake worker:** |  | | **Date:** | Click or tap to enter a date. | |
| **Outcome:** | Choose an item. |  | | | |
| **Assigned worker:** |  | | **Date:** | | Click or tap to enter a date. |
| **Approved by:** |  | | **Date:** | | Click or tap to enter a date. |

*Please send this form to* [*resilience@shine.org.sg*](mailto:resilience@shine.org.sg) *to make the referral.*

*If there are additional information that may be helpful such as social report, suicide screening, safety plans, please do attach them as well.*

**Legend**

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| **Responsiveness** | |
| **Item** | **Description** |
| Low | Low levels of help seeking, may be doubtful over recommendations, tend to be not as responsive to contact from helping professionals |
| Moderate | Adequate levels of help seeking, may be ambivalent over some recommendations, intermittently responsive to contact from helping professionals |
| High | Healthy levels of help seeking, tend to be responsive to contact from helping professionals |

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| **Services Requested** | |
| **Item** | **Description** |
| Youth outreach | Building rapport to increase help seeking tendency, may include working with caregivers to reach youth effectively |
| Mental health screening | 45 to 90 mins once off triage session to gain insights into mental states and offer recommendations of care |
| Basic emotional support | One-to-one or group-based support, coaching to improve coping and access to resources by staff |
| Monitoring | Light touch check-in to ensure wellbeing and/or treatment compliance |
| Peer supporting | One-to-one support, coaching to improve coping and access to resources by trained volunteers |
| Caregiver engagement | Improve caregiver mental health literacy, understanding of their role in supporting wellbeing of their youth |
| Caregiver support | Providing caregiver light touch self-care support to prevent burnout |

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| **Referral Arrangements** | |
| **Item** | **Description** |
| Contact caregiver directly | Assigned worker to get in touch with caregiver base on contact information provided |
| Contact youth directly | Assigned worker to get in touch with youth base on contact information provided |
| Joint session | Referrer to arrange for meet-up session with youth and/or caregiver with assigned worker and may sit in for first session to help bridge the relationship |
| Referrer link up | Referrer to link up assigned worker with youth and/or caregiver via email / phone call |