

**TurnAbout - Community Referral Form**

Fax: 204-948-2113

Email: [turnabout@gov.mb.ca](mailto:turnabout@gov.mb.ca)

Winnipeg phone: 204-945-5609

Toll-free phone: 1-866-5081

Intake #:

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**UNDER 12 CHILD**

Last Name:

First Name:

Male  Female

Date of Birth:

Address:

Postal Code:  Phone:

Parent/Guardian:

Relationship to Child:

Alternative Contact:

Contact Number:

Name of School:

School Phone:

Language Preference:  English  French  Other

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**OFFENDING /CONCERNING BEHAVIOUR**

Date of Incident (if applicable):

Time of Incident (if applicable):

Describe the incident and/or concerns (please describe in detail):

Describe the damage or harm:

Has there been police involvement with this child?  Yes  No  Unknown

If yes, please describe the type of police involvement:

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**REFERRAL INFORMATION**

Referral Name:

Relationship to Child:

Address:

Postal Code:  Phone:

Please provide any other information regarding this child (family history, child disability, CFS involvement, family strengths, etc):

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Does the parent/guardian know you are making a referral to TurnAbout?  Yes  No

Has consent been given by the parent/guardian to exchange information with Turnabout?  Yes  No

If no, did the parent/guardian refuse to allow information sharing?  Yes  No