



<b>REFERRAL FORM ABI INTENSIVE CASE COORDINATION</b>
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<b>Applicant Information</b>		
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Last name	First name	Client ID #

<b>Referral Source Contact Information</b>		
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Name	Phone number	Email

<b>Briefly describe current situation and why you require ABI Intensive Case Coordination</b>
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1. Is there a history of any of the following?

Concurrent disorders	Mental Health
Trauma	Developmental Disability
Addictions	Concussion

Provide a brief explanation

2. Frequent Emergency Room visits      Yes      No      Frequency:

Provide a brief explanation

3. Frequent police contact      Frequency:

Provide a brief explanation

Which services/supports/resources are you requesting to address this situation?

Does this person represent any type of risk?					
To self?	Yes	No	To others?	Yes	No
If yes, please explain					

**Please send completed forms and pertinent documentation to:**

**Intake Department**  
**ABI Intensive Case Coordination - Traverse Independence**  
 1 -1382 Weber Street East, Kitchener, Ont. N2A 1C4  
 Phone: 519-741-5845, Ext. 2117 - Fax: 1-519-741-8731 (use prefix 1 also for a local fax)  
 Email: [abiref@travind.ca](mailto:abiref@travind.ca)