IMAGINE Staffing Solutions INC

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Info@imaginestaffing.ca
imaginestaffingsolutions.ca

Skilled support when it matters most.

Imagine Staffing Solutions Referral Form

This form is to be completed by partner agencies requesting respite / support staffing from Imagine Staffing Solutions. The information provided will help ensure we assign appropriate staff and prepare for the support environment.

Please send the completed form to info@imaginestaffing.ca

1. Referring Agency Information

Agency Name:	Program/Dept:
Primary Contact Name:	
Role/Title:	
Phone #:	Email:
Date of Request:	

2. Client/Youth Information:

Client Initials or Name:	Age/DOB:
Gender (If relevant for staffing):	

Current Placement Type:	
☐ Family Home ☐ Foster Home ☐ Group Home	☐ Hotel/Airbnb ☐ Independent Living ☐ Other:

3. Type of Support Requested:

Please check all that apply:	
☐ Respite Support ☐ 1:1 Support Worker ☐ 2:1 Staffing ☐ Community Support / Mentorship ☐ Behaviour Support	☐ Crisis Stabilization ☐ Overnight Support (Awake) ☐ Overnight Support (Sleep) ☐ 24 Hour Staffing ☐ Other:

4. Location of Services:

Address where support will take place:	
Type of Setting:	Transportation required for the client? ☐ Yes ☐ No
If yes, please explain:	

5. Schedule/Duration:

Requested Start Date:	Estimated Duration of Support
Days Required:	Shift Times (Days / Evenings / Nights / 24hr):

6. Expected Staff Responsibilities

Please indicate what tasks you expect Imagine Staffing Solutions staff to assist with:

- ☐ Supervision / Safety Monitoring
- ☐ Behavioural Support / De-escalation
- ☐ Community Outings
- ☐ Transportation
- ☐ Meal Preparation
- ☐ Daily Living Skills Support
- ☐ Personal Care
- ☐ Medication Reminders / Support
- ☐ School or Program Support
- ☐ Crisis Intervention
- ☐ Other Responsibilities:

7. Client Needs Background:

Relevant diagnoses or mental health concerns:
Known triggers:

Strategies that help regulate the client:
Communication style or supports needed:

8. Safety Considerations

History of aggression toward staff or others? ☐ Yes ☐ No	Elopement risk? ☐ Yes ☐ No
Substance use concerns? ☐ Yes ☐ No	Police involvement history? ☐ Yes ☐ No
Additional safety considerations:	

9. Documentation (if available):

☐ Behaviour Support ☐ Safety Plans ☐ Crisis Plan	☐ Medication List ☐ Other:

10. Staff Requirements/Preferences:

Are there any specific staff qualifications required?	
☐ CPI / NVCI ☐ First Aid / CPR ☐ Behavioural Training ☐ Experience with high-risk youth	☐ Driver's License ☐ Other:

11. Funding/Billing

Funding Agency/Source:
Billing Contact Person:
Purchase Order Required? □ Yes □ No
Eligible to receive **Permanent Compensation Enhancement (PCE)**, as per the Supporting Retention in Public Services Act, 2022 ("SRPSA") □ Yes □ No

12. Authorization:

Referring Worker Name: _____

Signature: _____

Date: _____

SUBMIT