

# REFERRAL FORM



Date Referral received: \_\_\_\_\_

Site of Service: \_\_\_\_\_

## CLIENT NAME

LEGAL NAME: _____				Given: _____		Middle: _____	
Alias: _____		Gender: _____		Date of Birth: _____			
<b>(Type of Alias:    Alias    Nick Name    Formerly Known As)</b>		<b>(YYYY/MM/DD)</b>					
Identifying Marks: _____		Eye Color: _____		Hair Color: _____		Height: _____	
Weight: _____							

## CLIENT ADDRESS

Type of Address:	Home	In care of	Emergency	Alternate	Follow-Up	Temporary	Work	Other: _____
Street: _____		Apt/Suite# _____		City: _____		Prov: _____		Postal Code: _____
Phone: (    ) _____			Cell: (    ) _____			Other: (    ) _____		
Email: _____								

## CLIENT

Disability: _____	
Status in Canada: _____	Ethno Cultural Background: _____
Preferred Language: _____	
Language Spoken at Home: _____	
Aboriginal Origin: _____	
Employment Status: _____	Education Level: _____
Education Type: _____	
CAS Involvement (If applicable): _____	

## CLIENT CONTACTS

<b>Legal Guardian:</b> _____ <b>Relationship to Client:</b> _____ Street: _____ City: _____ Postal Code: _____ Phone: (    ) _____ Cell: (    ) _____ Email: _____	<b>Alternate Contact :</b> _____ <b>Relationship to Client:</b> _____ Street: _____ City: _____ Postal Code: _____ Phone: (    ) _____ Cell: (    ) _____ Email: _____
<b>Emergency Contact :</b> _____ <b>Relationship to Client:</b> _____ Street: _____ City: _____ Postal Code: _____ Phone: (    ) _____ Cell: (    ) _____ Email: _____	<b>Emergency Contact :</b> _____ <b>Relationship to Client:</b> _____ Street: _____ City: _____ Postal Code: _____ Phone: (    ) _____ Cell: (    ) _____ Email: _____

## REFERRAL SOURCE

Custody/Detention, Court, Youth Probation Officer, Self/Parents, Community Service Provider, Other: _____	
<b>Court Date:</b> _____ (YYYY/MM/DD)	
Alleged Charge(s)	YES NO
Have you previously been found guilty on a charge?	YES NO
<b>Name of Referral Source:</b> _____ Profession: _____	
Address: _____ City: _____ Postal Code: _____	
Phone: (    ) _____ Fax: (    ) _____ Email: _____	

# REFERRAL FORM

## REASON FOR REFERRAL

- Increasing youth awareness about gangs and associated risks
- Anger management
- Stress Management
- Case management
- Incidents of violence
- Employment and job skills training
- Education Assistance
- Parenting skills
- Family Conflict
- Conflict at School
- Cultural and community education
- Truancy
- Drugs and alcohol addictions education

## STAGE OF PROCEEDINGS

Pre-Trial	Trial	Sentencing	Probation	<b><u>Date of Legal Order:</u></b> (YYYY/MM/DD)
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## CRIMINAL

Offences	Date of Offence (yyyy/mm/dd)

## BACKGROUND INFORMATION

<b>Please enclose copies of the following:</b>  MCYS YJSD Risk/Need Assessment Case Management Plan Alert Form (Client Information Exchange Form) Any Additional Reports, (if applicable)	<b>Enclosed</b>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>	<b>To Follow</b>  <input type="checkbox"/>  <input type="checkbox"/>	<b>N/A</b>  <input type="checkbox"/>  <input type="checkbox"/>
Additional Comments from Referrer:			
Follow Up Phone Call with Referrer: YES    NO Date:			

## AGENCY OR PROFESSIONAL INVOLVEMENT/CONTACTS (Crown Counsel, Lawyer, Band, etc.)

Contact Person: _____	Phone: (    ) _____	Fax: (    ) _____	Agency: _____

## ADDITIONAL INFORMATION: Description of Presenting Problems

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

(YYYY/MM/DD)

**MIDAYNTA FAX # 416-440-3379**

As directed by the Youth Criminal Justice Act, Section 1.18-129,138 Freedom of Information and Privacy Act, the content of this form collected from clients will contain information that is privileged, confidential and/or exempt from disclosure under applicable laws, except as it applies to the limits of confidentiality with regards to physical safety of a client or another person.

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