

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	<u>Date of Legal Order:</u> (YYYY/MM/DD)
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CRIMINAL

Offences	Date of Offence (yyyy/mm/dd)

BACKGROUND INFORMATION

Please enclose copies of the following: MCYS YJSD Risk/Need Assessment Case Management Plan Alert Form (Client Information Exchange Form) Any Additional Reports, (if applicable)	Enclosed <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	To Follow <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	N/A <input type="checkbox"/> <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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