

Youth Services Referral Form

(Type & Email Referral Form)

Young Person's Information

Date:

Name:	Age:	DOB:
Home Phone:	Cell Phone:	Email:
Address:		
Parent/Guardian(s) Name:		

Referral Information

Name of Referring Person:		Agency:
Phone:	Fax:	Email:
Relationship to Young Person:		
Reason for Referral:		
Is the young person involved with the Criminal Justice System?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, describe the nature of the involvement:		
Is the young person mandated to complete the services offered by CJHS?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what is the deadline for completion of service:		
Is the young person experiencing...		
(a) difficulty in school? Explain		
(b) difficulty in home? Explain		
(c) difficulty in community? Explain		
(d) issues with drug/alcohol use? Explain		
(e) conflict between one or more parties? Explain		

(f) Additional information relevant to the young person:

Please check which Calgary John Howard Society program(s) you believe would be helpful:

Youth Advocacy and Support – 1on1 support involving informal counselling and mentorship for youth 12-17.

Aboriginal Youth Outreach – 1on1 support involving informal counselling and mentorship with reconnection to Aboriginal culture for youth 12-24.

Immigrant Youth Advocacy – Individual support aiding with integrating into Canadian culture, increasing awareness of community and resources and developing a sense of identity and belonging through mentorship for youth 12-24.

Youth Crime Prevention Project – 1on1 support and advocacy aiding youth who are struggling to connect with or stay connected to school in a junior and senior high setting.

Restorative Solutions to Conflict – Restorative Dialogue and/or mediation to help resolve conflict involving youth 12-24, who may or may not be involved with the justice system.

For Office Use Only

(If the program is full or referral is not a fit, please make the appropriate hand off to another youth services program.)

Referral received : _____
Date Program

Program Representative Signature

Referral passed on: _____
Received Date Program

Program Representative Signature