

HIPP Youth Program Referral Form

African-Caribbean youth-centered program

First and Last Name: _____

Address: _____

City & Postal Code: _____ *Cultural Identity:* _____

Phone: _____ *Social Media:* _____

Age: _____ *Date of Birth:* _____

School: _____ *Grade:* _____

REFERRAL INFORMATION

Referred by: _____

Relationship to youth: _____

Phone number of referral source: _____

Date of referral: _____

Who is aware of the referral? YOUTH PARENT/GUARDIAN OTHER

Does the youth want to participate in the HIPP program? YES NO

Reason for Referral: _____

Do parents want youth to participate in the HIPP program? YES NO UNSURE

Do parents want to participate in the HIPP program? YES NO UNSURE

Do youth want the parents involved? YES NO UNSURE

Eligibility Requirements:

- 12 to 17 years old
- In conflict with the law
- In conflict at school
- Vulnerable to street gang involvement
- Visible minority
- City of Toronto resident

Please email referral form to:
kwilliams@jhst.ca
Fax 416-925-9112
or contact
Ken Williams at 647-882-8431
Office Tel. 416-925-4386 ext. 230

*** A response to each referral within 24 hours**
*** Intakes to be conducted within 7 days**



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Canada
Ministère de la Justice
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JohnHoward
SOCIETY OF TORONTO
Prevention Intervention Reintegration