

HIPP Youth Program Referral Form

First and Last Name: _____

Address: _____

City & Postal Code: _____

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

Please email referral form to:
hipp@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**



Department of Justice
Canada

Ministère de la Justice
Canada

JohnHoward
SOCIETY OF TORONTO

Prevention Intervention Reintegration