

SUPPORTING FAMILIES – Referral Form
Gang prevention and Intervention programs

PROGRAM:

Intensive Intervention Referral

Youturn Youth Support Services
(613) 789-0123 F: (613) 789-1350

Prevention Program Referral

John Howard Society of Ottawa:
T: (613) 769-3638 F: (613) 828-2683

Date of Referral: [Click here to enter a date.](#)

Region: Ottawa Russell County Rockland

Referral Source Information

Self-referral (if checked skip to next section)

Referring person: Name (last, first):

Telephone Number:

Referring agency (if applicable):

Relationship to youth:

Youth Information

Youth's Name (last, first):

Youth's Address:

Resides with:

Youth's Telephone Number: Home

Youth's Date of Birth: month day year

Youth's Gender: Male Female Youth's First Language:

Youth's School: Grade: School Program(s):

Sibling information (list any siblings residing with the youth or requiring services, include contact information if different from above):

Parent/Guardian Information

Mother's Name (last/ first):

Mother's Address:

Mother's Telephone Number: Home: Work:

Father's Name (last, first):

Father's Address:

Father's Telephone Number: Home: Work:

Guardian's Name (last, first):

Guardian's Address:

Guardian's Telephone Number: Home: Work:

YOUTH INFORMATION

Why is this youth at risk of involvement in gang activity?

Are there any safety issues that we should be aware of?

Are any members of the youth's family a member of a gang?

Does the youth have friends or acquaintances that are involved in gang activities?

Other agencies/services currently involved with the youth:

Agency: Contact Name: Tel:

Agency: Contact Name: Tel:

Agency: Contact Name: Tel:

Has youth agreed to the referral? Yes No

Youth's reaction to referral: Positive: Tentative: Negative:

Has family agreed to the referral? Yes No

Family reaction to referral: Positive: Tentative: Negative:

Is this Youth a Parent or actively parenting? Yes No

Describe reasons for referral:

Reintegration	<input type="checkbox"/>	Peer Relations	<input type="checkbox"/>
Substance Abuse	<input type="checkbox"/>	Antisocial Attitudes	<input type="checkbox"/>
Family Counselling	<input type="checkbox"/>	Accommodations	<input type="checkbox"/>
Managing Emotions (ie Anger)	<input type="checkbox"/>	Problem Solving	<input type="checkbox"/>
Employment	<input type="checkbox"/>	Healthy Relationships	<input type="checkbox"/>
Education	<input type="checkbox"/>	Alternative to Custody	<input type="checkbox"/>
Recreation	<input type="checkbox"/>	Mental Health Challenges	<input type="checkbox"/>
Prevention: Group Programming	<input type="checkbox"/>	Other (specify):	<input type="checkbox"/>

Additional comments:

Please fax referral form to the appropriate agency listed on p.1 of referral package to the attention of the Supporting Families Program