



Youth Inclusion Participant Referral

Date of referral: _____

Youth Referral Information

First Name: _____ Last Name: _____

Preferred Name: _____ D.O.B: _____

Street Address: _____ Home Community: _____

Female: Male: Other: Preferred Pronouns: _____

Phone Number: _____ Email: _____ Social Media: _____

Self Identified First Nations, Inuits, Metis: Yes No (Please Specify: _____)

Does this youth attend school? Yes No Grade: _____ School: _____

Is this youth aware of referral? Yes No

Referral Agency Information

Referral Agency: _____

First Name: _____ Last name: _____

Relationship to youth: _____

Phone Number: _____ Email: _____

Parent/ Guardian Information

Parent/Guardian #1

First Name: _____ Last Name: _____

Preferred Name: _____

Relationship to youth: _____

Phone Number: _____

Is the parent/guardian aware of the referral? Yes No

Parent/Guardian #2

First Name: _____ Last Name: _____

Preferred Name: _____

Relationship to youth: _____

Phone Number: _____

Is the parent/guardian aware of the referral? Yes No



Reason for Referral

Youth has poor school attendance

Substance Use/Abuse

Family Conflict

Peer Conflict

High risk of re-offending

Gang affiliated

Lack of stable housing

Mental Health concerns

Other, please specify below

Youth is in the criminal justice system

Suicidal/ Self-harm

Trauma/ Grief

Depression/ Anxiety

Violent

Commitment or loyalty to negative peer group

Resides in neighbourhood where there is a perceived access to drugs

Please provide any further details or information you feel are necessary:

Referral Signature: _____ *Date:* _____

Send to youthinclusion@thunderbay.ca