	Brandon Friendship Centre	Gakina Abinoojiiyag Program	GAP Youth Outreach	360 – 8 th Street, Brandon, M
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Internal Only date received	l: date follow	ed-up:WAIT / OUT / CM / HUB			
GAP YOUTH OUTREA	<u>CH REFERRAL FORM</u>	DATE:			
Referral Agency:					
Contact Person:					
Phone Number:					
Email:					
Referred person(s) information					
Name:	D.O.B:	Age:			
Referred Person(s) Contact information:					
Phone:	Email:	ail: Facebook:			
Homeless Couch surfing Living with Family Has own place Attending School Working					
ADDICTIONS: Yes / No	MENTAL HEALTH: Yes / N	O CFS INVOLVEMENT: Yes / No			
If yes, explain:	If yes, explain:	If yes; agency:			
Active / Contemplative / Recovery	Cognitive / Intellectual	Youth; Child in Case / Agreement Young Adult			

Parents: Protection / Voluntary

Situation Details:				
Reason for referral: Housing Crisis Prevention	Mentorship 🗌			
Family & Community Supports Involved:				
ranny a commany supports intercar				
Priority Intervention:	Level of risk: Low 🗌 Med 🗍 High 🗌			
	Level of support connections:			
	None Some Well connected			

Diagnosed Mental Health (ie anxiety)

Completed Referral Forms can be email to <u>admin@bfcgap.ca</u> Follow-up, please contact GAP Youth Outreach Coordinator <u>coordinator@bfcgap.ca</u>

Substance(s)

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Are there any other details you wish to provide or think are important to mention?