

Internal Only || date received: _____ date followed-up: _____ WAIT / OUT / CM / HUB

GAP YOUTH OUTREACH REFERRAL FORM

DATE: _____

Referral Agency:
Contact Person:
Phone Number:
Email:

Referred person(s) information

Name:	D.O.B:	Age:
Referred Person(s) Contact information:		
Phone:	Email:	Facebook:

Homeless Couch surfing Living with Family Has own place Attending School Working

ADDICTIONS: Yes / No **MENTAL HEALTH:** Yes / No **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
Substance(s)	Diagnosed Mental Health (ie anxiety)	Parents: Protection / Voluntary

Situation Details:

Reason for referral: Housing Crisis Prevention Mentorship

Family & Community Supports Involved:

Priority Intervention:	Level of risk: Low <input type="checkbox"/> Med <input type="checkbox"/> High <input type="checkbox"/>
	Level of support connections: <input type="checkbox"/> None <input type="checkbox"/> Some <input type="checkbox"/> Well connected

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