



THE JOHN HOWARD SOCIETY OF SASKATCHEWAN

**Lulu's Lodge – Client Referral Form**

**SELF REFERRALS ACCEPTED**

Phone: (306) 757-6657

Fax: (306) 347-0707

Date: \_\_\_\_\_

**Ministry Worker Information (if applicable):**

|   |  |        |  |
|---|--|--------|--|
| Name:   |  |        |  |
| Phone:  |  | Email: |  |
| I would prefer to be contacted via: <input type="checkbox"/> Phone <input type="checkbox"/> Email |  |        |  |

**Youth Information**

|                           |  |               |  |
|---------------------------|--|---------------|--|
| Youth's Name:             |  |               |  |
| DOB:                      |  |               |  |
| Gender Identity/pronouns: |  | Phone number: |  |
| Current Address:          |  |               |  |

**Source of Income:** (Place an "X" which applies)

- Long Term Ward     
 Section 10     
 SAID     
 Other \_\_\_\_\_  
 Permanent     
 Section 56     
 SAP

**Current Living Arrangements:** (Place an "X" which applies)

- Parental Home     
 Room and Board     
 Other: \_\_\_\_\_  
 Community Home/shelter     
 Living Independently  
 Family/Friends     
 No Fixed Address

**Ethnic Origin:** (Place an "X" which applies)

- Status     
 Metis     
 Unknown  
 Non-Status     
 Non-Aboriginal     
 Other:



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#### Emergency Contact

|                        |  |        |  |
|------------------------|--|--------|--|
| Name:                  |  |        |  |
| Relationship to Youth: |  | Phone: |  |
| Address:               |  |        |  |

#### Education/Employment:

Working Full-Time

Not working/Not in school

Working Part-Time

Attending School

Name of School: \_\_\_\_\_

#### Last grade completed:

Less than grade 9

Grade 10

Grade 12/GED

Grade 9

Grade 11

Post-Secondary

#### Identification: (what identification do they currently have – place an "X")

Birth Certificate

Health Card

SIN Card

Treaty Card

Bank Account

Bus Pass

What Identification do they need to obtain? \_\_\_\_\_

Legal Issues:  No  Yes

Charges: \_\_\_\_\_

#### Relevant Health/Mental Health Information: (Place an "X" which applies and provide a brief explanation)

Addiction(s)/substance use

Suicidal Ideations

General Health

Mental Health

Pregnancy/Family Planning

Cognitive Delay

Other (please describe) \_\_\_\_\_

Please submit referral to:

Tanna Young at [tyoung@sk.johnhoward.ca](mailto:tyoung@sk.johnhoward.ca)

Fax: 306-347-0707