



Youth Connect Program (YCP) – Client Referral Form

Ministry Worker Information:

Date: _____

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

Client Information

Youth's Name:			
Other Aliases:			
DOB:		Gender Identity:	
Address:			
Phone:		Cell:	
Other:		Other:	

Ministry of Social Services Status: (Place an "X" which applies)

- Long Term Ward
 Permanent
 Section 10
 Section 56

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

- Parental Home _____ No Fixed Address
 Community/Foster/Group Home _____ Other:
 Family/Friends

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

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

Supports of Youth (Family, Community, etc):

Name	Relationship to Youth	Address	Phone



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List all known addresses youth may be residing at:

Name	Relationship to Youth	Address	Phone

Education/Employment:

- Working Full-Time
- Working Part-Time
- Not working/Not in school
- Attending School

Name of School: _____

Last grade completed:

- Less than grade 9
- Grade 9
- Grade 10
- Grade 11
- Grade 12/GED

Legal Issues: No Yes

If Yes please explain _____

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

- Addiction(s)/substance use
- Mental Health
- Other (please describe) _____
- Suicidal Ideations
- Pregnancy/Family Planning
- General Health
- Cognitive Delay

Please describe history of running (patterns, triggers, etc)

EFFECTIVE

JUST

HUMANE

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Any relevant information YCP should be aware of (learning disabilities, behavioral issues, gang affiliation, substance use, violence, sexual exploitation, etc.)

Please submit referral to Lorne Gill by email or fax.

Email: lgill@sk.johnhoward.ca

Fax: 306-347-0707