EFFECTIVE JUST HUMANE

JohnHoward
THE JOHN HOWARD SOCIETY OF SASKATCHEWAN

Youth Connect Program (YCP) – Client Referral Form

Ministry Worker Information: **Date:**_____

Name:			
Phone:		Email:	
I would prefer to be contacted via: ☐Phone ☐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
☐Community/Foster/Group Home
_____
_____
_____
☐Family/Friends
☐No Fixed Address
☐Other:

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

Click here to enter text.

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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
☐Suicidal Ideations
☐Pregnancy/Family Planning
☐General Health
☐Cognitive Delay
☐Other (please describe) _____

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

_____

_____

Click here to enter text.

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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:
youthregina@sk.johnhoward.ca
Fax: 306-347-0707

Click here to enter text.