



REFERRAL FORM

Youth Name: _____ Age: _____

Home Address: _____ Town: _____

School: _____ Gender (Transgender): _____

Parent(s) / Guardian(s): _____

(HOME) Telephone: _____

(WORK / CELL) Telephone: _____ * PLEASE 'NOTE' THE BEST NUMBER TO CONTACT

REFERRAL SOURCE (Organization): _____

Contact Name: _____

Telephone: _____ Email: _____

Please briefly explain the reason for referral:

Please check ALL components that may be of interest/needed for the youth you are referring:

- “Positive Strides” Intervention & Educational Programs:**
 - Teen Intervene – *(brief, very early intervention Substance Use/Experimentation Program)*
 - Substance Use Program – *(in depth, intensive Substance Use Program)*
 - Managing Anger + Aggression
 - Theft + Vandalism
 - Anti-Bullying + Harassment
 - Dealing with Emotions
 - Caught in the Net – *(Online Safety)*
- Restorative Justice Community Conference**

When form completed, please FAX to 519-380-9146
OR scan and EMAIL to info@rjck.org