



## 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](mailto:info@rjck.org)