



# RESTORATIVE JUSTICE CHATHAM-KENT

25 Creek Road (Suite 212)  
Chatham, ON N7M 0L1  
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W: [www.rjck.org](http://www.rjck.org)

When form completed, please FAX to 519-380-9146 **OR** scan and EMAIL to [info@rjck.org](mailto:info@rjck.org)

## 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 for the youth you are referring, unless a stand alone program:

***"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) Stand alone program; if selected, this will be delivered first and foremost. Any other PS program needs to be evaluated upon completion*

**Working Through Worries** – *Stand alone program; if selected, this will be delivered first and foremost. Any other PS program needs to be evaluated upon completion*

**Restorative Justice Community Conference**