



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

**REFERRAL FORM**

Date Sent: \_\_\_\_\_

Youth Name: \_\_\_\_\_ Age: \_\_\_\_\_

Home Address: \_\_\_\_\_ Town: \_\_\_\_\_

Postal Code: \_\_\_\_\_ 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:**

**Are you aware of any safety issues that could put youth or RJCK Staff at risk?**

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**