Restorative	RESTORATIVE JUSTICE CHATHAM-KENT			
Justice	When form completed, please 9146 OR scan and EMAIL to		T· 510_320_0031	
	REFERRAL FORM	Date Sent:		
Youth Name [.]			Age.	
Postal Code:				
Gender (🗆 Transgen				
	(s):			
(HOME) Telephone: _		-		
(WORK / CELL) Telep	hone:	* PLEASE 'NOTE' TH	E BEST NUMBER TO CONTACT	
	Organization):			
Contact Name:				
Telephone:	Email:			
Are you awar	re of any safety issues that could put	youth or RJCK Staff	at risk?	
Please check <u>ALL</u> cor program:	nponents that may be of interest for the	youth you are referring	ng, unless a stand alone	
	s" Intervention & Educational Programs			
	ervene – (brief, very early intervention Su	· •	ntation Program)	
	e Use Program – (in depth, intensive Sub. g Anger + Aggression	stance Use Program)		
□ Theft + V				
	ying + Harassment			
	vith Emotions			
\Box Caught in	the Net – (Online Safety) Stand alone pr	ogram; if selected, this	will be delivered first and	
foremost. A	ny other PS program needs to be evaluat	ed upon completion		
□ Working [·]	through Worries - Stand alone program;	if selected, this will be	delivered first and foremost. An	

other PS program needs to be evaluated upon completion

□ Restorative Justice Community Conference