youturn
Youth Support Services | Services d'appui à la jeunesse

JohnHoward SOCIETY OF OTTAWA

SUPPORTING FAMILIES – Referral Form
Gang prevention and Intervention programs

Program being referred:

Intensive Intervention
☐Youturn Youth Support Services
T:(613) 789-0123 F: (613) 789-1350

Prevention Program Referral
☐John Howard Society of Ottawa
T: (613) 769-3638 F: (613) 828-2683

Date of Referral: Click here to enter a date.

Region: ☐ Ottawa ☐ Russell County ☐ Rockland

Referral Source Information

Self-referral (if checked skip to next section) ☐

Referring person: Name (last, first):
Telephone Number:

Referring agency (if applicable):

Relationship to youth:

Youth Information

Youth's Name (last, first):

Youth's Address:

Resides with:

Youth's Telephone Number: Home

Youth's Date of Birth: month day year

Youth's Gender: ☐ Male ☐ Female Youth's First Language:

Youth's School: Grade: School Program(s):

Sibling information (list any siblings residing with the youth or requiring services, include contact information if different from above):

Parent/Guardian Information

Mother's Name (last/ first):

Mother's Address:

Mother's Telephone Number: Home: Work:

Father's Name (last, first):
Father's Address:
Father's Telephone Number: Home: Work:

Guardian's Name (last, first):
Guardian's Address:
Guardian's Telephone Number: Home: Work:

YOUTH INFORMATION

Why is this youth at risk of involvement in gang activity?

Are there any safety issues that we should be aware of?

Are any members of the youth's family a member of a gang?

Does the youth have friends or acquaintances that are involved in gang activities?

Other agencies/services currently involved with the youth:

Agency: Contact Name: Tel:
Agency: Contact Name: Tel:
Agency: Contact Name: Tel:

Has youth agreed to the referral? Yes ☐ No ☐

Youth's reaction to referral: Positive: ☐Tentative: ☐ Negative: ☐

Has family agreed to the referral? Yes ☐ No ☐

Family reaction to referral: Positive: ☐Tentative: ☐ Negative: ☐

Is this Youth a Parent or actively parenting? Yes ☐ No ☐

Describe reasons for referral:

Reintegration	☐	Peer Relations	☐
Substance Abuse	☐	Antisocial Attitudes	☐
Family Counselling	☐	Accommodations	☐
Managing Emotions (ie Anger)	☐	Problem Solving	☐
Employment	☐	Healthy Relationships	☐
Education	☐	Alternative to Custody	☐

Please fax referral form to the appropriate agency listed on p.1 of referral package to the attention of the Supporting Families Program

Recreation	☐	Mental Health Challenges	☐
Prevention: Group Programming	☐	Other (specify):	☐

Additional comments:

Please fax referral form to the appropriate agency listed on p.1 of referral package to the attention of the Supporting Families Program