

Youth Restorative Action Project

Client Referral Form

Please fill both pages to the best of your ability and submit to yrap@yrap.org

Referee Information		
Date (yyyy/mm/dd)	Referring Party (Name,	Organization/Company)
Phone (Primary)		Relation to Client
Phone (Primary)		Relation to Cilent
Phone (Alternate)		Email Address
Client Information		
Please only provide charge and council information if applicable		
Client Name		DOB (yyyy/mm/dd)
Phone (Primary)	Phone (Alternat	re) Email Address
Address (Street and A	pt.)	
City	Province	Postal Code
Charges and Docket	#	
J		
Next Court Date		Name of Council and Contact Info









Youth Restorative Action Project

□ Bail □ Diversion First □ One80 □ Mentorship	Purpose of Referral		
□ Bail □ Diversion First □ One80 □ Mentorship □ Other (Please Specify) □ Please describe the reason for your referral, and any additional relevant facts that may assist us in supporting the youth.	Sentencing		
One80 Mentorship Other (Please Specify) Please describe the reason for your referral, and any additional relevant facts that may assist us in supporting the youth.	Bail		
Mentorship Other (Please Specify) Please describe the reason for your referral, and any additional relevant facts that may assist us in supporting the youth.	□Diversion First		
☐ Mentorship ☐ Other (Please Specify) Please describe the reason for your referral, and any additional relevant facts that may assist us in supporting the youth.	□One80		
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that may assist us in supporting the youth.	Other (Please Specify)		
that may assist us in supporting the youth.			



Phn:(780) 618-8417 Alt. (780) 340-0656 programcoordinator@yrap.org yrap@yrap.org