



# Community Support Referral Form

## Youth Information

Full Name \_\_\_\_\_

Preferred Name \_\_\_\_\_

Email \_\_\_\_\_

Date of Birth/Age \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

## Referring Worker Information

Full Name \_\_\_\_\_

Role \_\_\_\_\_

Email \_\_\_\_\_

Phone Number \_\_\_\_\_

## Parent/Guardian Information (if under 18)

Full Name \_\_\_\_\_

Relationship \_\_\_\_\_

Email \_\_\_\_\_

Phone Number \_\_\_\_\_

## Reason for Referral (Brief summary of current situation and requested support):

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## Areas of Support Requested

- |   |  |  |
|---|--|--|
| <input type="radio"/> Community Support | <input type="radio"/> Mentorship               | <input type="radio"/> Addiction/Substance Use                |
| <input type="radio"/> Mental Health     | <input type="radio"/> Cultural Support         | <input type="radio"/> Language Support                       |
| <input type="radio"/> Family Support    | <input type="radio"/> Newcomer/Refugee Support | <input type="radio"/> Food Security Support                  |
| <input type="radio"/> Legal Support     | <input type="radio"/> Employment Readiness     | <input type="radio"/> Income Support                         |
| <input type="radio"/> Education Support | <input type="radio"/> Life Skills              | <input type="radio"/> Identification & Documentation Support |
| <input type="radio"/> Housing Support   | <input type="radio"/> Other _____              |  |

## Current Supports Involved

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## Risk/Safety Considerations

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## Consent

I consent to this referral being made to the Youth Restorative Action Project (YRAP) and to the sharing of relevant information to the community support service.

Youth Name \_\_\_\_\_

Parent Name \_\_\_\_\_

Youth Signature \_\_\_\_\_

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

Worker Name \_\_\_\_\_

Worker Signature \_\_\_\_\_

Date \_\_\_\_\_

Please submit the form by emailing it to [yrap@yrap.org](mailto:yrap@yrap.org)

## CONTACT US



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[www.yrap.org](http://www.yrap.org)



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