

Youth Individualized Support Program: Referral

Confidential: This form is used to assess eligibility and support needs for youth referred to the Youth Individualized Support Program.

Referral Details

- **Date of Referral:** _____
- **Referral Source / Agency:** _____
- **Referrer Name & Role:** _____
- **Phone:** _____ **Email:** _____

Youth Information

- **Youth Name:** _____
- **Preferred Name / Pronouns:** _____
- **Date of Birth:** _____
- **Gender:** _____
- **Cultural / Identity Considerations (optional):** _____
- **Primary Language:** _____

Contact Information

- **Address:** _____
- **Phone:** _____ **Email:** _____
- **Safe to leave voicemail/text?** Yes No

Legal / Caregiver Information (if under 19)

- **Caregiver / Guardian Name(s):** _____
- **Relationship to Youth:** _____
- **Contact Information:** _____

Current Situation

Check all that apply: - School challenges / disengagement Mental health concerns Substance use / harm reduction support Housing instability Justice involvement / probation Family conflict Social isolation Employment / life skills support Other: _____

Brief description of current concerns:

What type of individualized support is being requested? (Check all that apply):

Outreach / community-based support Goal setting & life skills Advocacy Transition support (school, housing, employment) Other: _____

Risk & Safety (Required)

- **Any current safety concerns?** No Yes (describe): _____
- **History of self-harm or suicidal ideation?** No Yes Unknown
- **Risk of harm to others?** No Yes Unknown
- **Active warrants / court orders?** No Yes Unknown
- **Safety plan in place?** No Yes Not Applicable

Additional risk information:

Consent & Information Sharing

I confirm that the youth (and/or guardian where required) has provided informed consent for this referral and for information sharing for the purpose of service coordination.

- **Consent obtained:** Yes No
- **Consent type:** Written Verbal

Youth Signature: _____ **Date:** _____

Guardian Signature (if applicable): _____ **Date:** _____

Submit completed form to: Brittany Ferguson – Youth Services Coordinator

Contact Email: b.ferguson@bgckwl.com