



L.E.G.I.T.

(LEADERSHIP ENGAGEMENT GANG INTERVENTION TEAM) INITIAL REFERRAL FORM

Please fax to 360°kids at 905-475-5733 or email attachments directly to Kayla James (Program Team Lead) at kayla.james@360kids.ca

REFERRAL INFORMATION

Referral Source: <input type="checkbox"/> Police <input type="checkbox"/> Probation <input type="checkbox"/> School <input type="checkbox"/> Family <input type="checkbox"/> Self <input type="checkbox"/> Other _____	Date of Referral: Organization: Contact Name: Phone: Email:
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YOUTH INFORMATION

Name:	D.O.B. (DD/MM/YYYY)	Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> _____ <input type="checkbox"/> Prefer not to disclose
Address:	Phone (H):	Phone (C):
Youth's Living situation: <input type="checkbox"/> Shelter <input type="checkbox"/> Living with boyfriend/girlfriend <input type="checkbox"/> Foster Home <input type="checkbox"/> Homeless <input type="checkbox"/> Youth Custody/Detention Centre <input type="checkbox"/> Independent Living <input type="checkbox"/> Group Home <input type="checkbox"/> Living with family members <input type="checkbox"/> Living with a friend		

Other (specify):

YOUTH CRIMINAL JUSTICE INVOLVEMENT

- Diversion
- Detention
- Custody
- Probation
- Bail Program
- Other (specify):

Criminal Charges (if applicable):

- Risk Needs Assessment available for review with Probation Officer
- Critical Information Exchange sent with referral package

GANG AFFILIATION

- Is youth At Risk of being involved with a gang
 Alleged or confirmed gang involvement

Association (if applicable or known):

AREAS OF NEED/HISTORY OF:

<input type="checkbox"/> Gang Involvement	<input type="checkbox"/> Substance use
<input type="checkbox"/> Antisocial/pro-criminal attitudes	<input type="checkbox"/> Abuse
<input type="checkbox"/> Sex Work	<input type="checkbox"/> Mental Health
<input type="checkbox"/> Pregnancy/ Parenting	<input type="checkbox"/> Self-Harm/ Suicide
<input type="checkbox"/> Attaining Identification	<input type="checkbox"/> Life Skills
<input type="checkbox"/> School – last grade completed? _____	<input type="checkbox"/> Employment
<input type="checkbox"/> Healthy relationships	<input type="checkbox"/> Family Support
<input type="checkbox"/> Legal Aid	<input type="checkbox"/> Mentorship
<input type="checkbox"/> Court Support	<input type="checkbox"/> Volunteer hours
<input type="checkbox"/> Accessing Health Care	<input type="checkbox"/> Safe Housing
<input type="checkbox"/> Physical recreation	<input type="checkbox"/> Emotional Intelligence
<input type="checkbox"/> Prosocial leisure	<input type="checkbox"/> Other (please specify):

Recommended Level of engagement

weekly biweekly as required

PARENT/GUARDIAN INFORMATION

Name:	Relationship:
Address:	Phone (home): Phone (cell):
Has parent/guardian been notified of referral	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please state any other safety concerns that we should be aware of:	Any proposed solutions/interventions:

Consent form attached to referral Yes No

Is youth aware of this referral? Yes No

****Please ensure all areas of referral form are complete before sending****

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Thank you for your referral