L.E.G.I.T.

(LEADERSHIP ENGAGEMENT GANG INTERVENTION TEAM)

INITIAL REFERRAL FORM

Please fax 360kids at 905-475-5733 or email attachments directly to Jayde Johnson (Program Team Lead) at Jayde.Johnson@360kids.ca

REFERRAL INFORMATION

Referral Source: ❑ Police ❑ Probation ❑ School ❑ Family ❑ Self ❑ Other _____	Date of Referral: Organization: Contact Name: Phone: Email:

YOUTH INFORMATION

Name:	D.O.B. (DD/MM/YYYY)	Gender Identity:
Address:	Phone (H): Phone (C): Email:	

Youth's Living situation:		
❑ Shelter	□ Living with boyfriend/girlfriend	□ Foster Home
❑ Homeless	□ Youth Custody/Detention Centre	□ Independent Living
❑ Group Home	□ Living with family members	□ Living with a friend
❑ Other (specify):		

YOUTH CRIMINAL JUSTICE INVOLVEMENT

❑ Diversion ❑ Detention ❑ Custody ❑ Probation	Criminal Charges (if applicable):
❑ Bail Program ❑ Other (specify):	
❑ 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
Association (if applicable or known):

MAJOR AREAS OF NEED/HISTORY OF:

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

Recommended Level of engagement ❑ Weekly ❑ Biweekly ❑ As required

What three specific goals is the youth hoping to accomplish while working with our support program? <u>Please include projected deadlines.</u>

1.
2.
3.

PARENT/GUARDIAN INFORMATION

Name:	Relationship:
Address:	Phone (home): Phone (cell):
Has parent/guardian been notified of referral ❑ Yes ❑ No	

SAFETY CONCERNS

Please state any existing safety concerns that we should be aware of:	**Any proposed solutions/interventions or safety plans in place to mitigate risk:**

Consent form attached to referral ❑ Yes ❑ No

Is youth aware of this referral? ❑ Yes ❑ No

Youth Signature: _____

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

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Thank you for your referral