

REFERRAL DATE _____

REFERRING YPO INFORMATION:

SERVICE TYPE:

Intensive Support and Supervision

High Priority Support (Voluntary)

Name _____

Phone _____

Fax _____

Client/Referral Information

Name _____

Gender: F M TG NB

DOB _____

Ethnicity _____

(This is for statistical purposes only.)

Street _____

Phone _____

City _____

Postal Code _____

Special needs (physical, language, communication)?

Yes _____

No _____

If yes, please describe:

Have they received service from John Howard before? Yes _____ No _____

If yes, what type of service? _____

Service needed within 24 hours. Why? _____

Significant Others

Check the
emergency
contacts:

MOTHER	Name _____	Phone _____
	Address _____	_____
FATHER	Name _____	Phone _____
	Address _____	_____
OTHER	Name _____	Phone _____
	Address _____	_____
LEGAL GUARDIAN	Name _____	Phone _____
	Address _____	_____
	Child Welfare Status _____	_____

Other Involved Professionals

Name	Role/Relationship	Phone/Fax

Referral Information

ORDER TYPE:

Custody and Supervision in community	Probation
Reintegrated Leave	Conditional Discharge
Conditional Supervision	Bail / UTA
Deferred Custody and Supervision	CWS
Intensive Support and Supervision	EJS Recongnizance/Peace Bond

Offence: _____ Date Order Expires: _____

Relevant Conditions (no contact, curfew, etc.): _____

	Provided	To follow (within 30 days)	N/A
Intensive Support and Supervision	SAVRY Service Plan		
High Priority Support (Voluntary)	SAVRY Service Plan		

Reason for requesting service (goals/activities required): _____

Relevant Additional Information (Medical/health concerns, presenting issues): _____

Are there any known risk factors for John Howard staff while working with this client?
(e.g., physical/aggressive behavior, threats made by others to client, allegations against staff) Y N

If yes, please explain and
complete the attached
Risk Factors form

RISK FACTORS

Gender: F M TG V"

Name of Person being referred

SOURCE OF INFORMATION

Name	Role/Relationship	Phone/Fax

RISK FACTORS

1. Do you know of any violent or aggressive behaviour by this client toward others or harm to self? Yes No Unknown *Describe behaviour:*

2. To whom has the violent behaviour been directed in the past?

Not Applicable Particular Person Group of Persons Generalized *Details:*

3. If violent behaviour is directed at a particular person, what is the possibility of encountering them in the community at appointments with agencies, at their place of residence, at school or in the community? *Details:*

4. What have been the triggers for past violence? (specific activities, limits, etc.)

5. Are there other people known and linked to this client who may be violent?

Yes No Unknown

Details:

6. Have threats been made against the client? Yes No Unknown

If so, what are the threats? Who made the threats? Where is/are the intimidator(s) most likely to have access to the client?

7. Are there any restraining orders or plans for the client's protection from others?

Yes No If yes, against whom, what is the plan?

8. Are there any known substance or mental health issues for the client? For others associated with the client (i.e. family)? Yes No Unknown

9. Request that referring agency personnel agree to inform the service provider if new information becomes available or circumstances change:

Signature: _____ Date: _____

Print Name: _____