

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? _____

Check the
emergency
contacts:

Significant Others

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

EJS

Intensive Support and Supervision

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

Name of Person being referred

Gender: F ☐ M ☐ TG ☐ V" ☐

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: _____