



**Youth Justice Program Referral Form**  
 Youth and Young Adult Program  
**Please FAX completed form to: 613.724.4873**

\*\*please include a signed consent to exchange information between referral source and Rideauwood

Date of Referral:

Referring Agency:

Probation/Diversion Officer:

Telephone Number:

Email Address:

|   |   |   |
|---|---|---|
| Referral is for:  | <input type="checkbox"/> Substance Use Health Assessment<br><input type="checkbox"/> Follow Up/Counselling<br><input type="checkbox"/> Both |   |
| Legal Names of Youth:   | First:  | Last:   |
| Preferred Name(s):  |   |   |
| Date of birth (yy/mm/dd):   |   | Age:  |
| Gender:   |   |   |
| Current Residential Status:   |   |   |
| Current Address:  |   |   |
|   |   |   |
| Resides with:   | Relationship to Youth:  |   |
| 1.  |   |   |
| 2.  |   |   |
| 3.  |   |   |
| Youth's Telephone number:   |   | Can leave voicemail message?<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| Youth's Email address:  |   | Can contact via email?<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No       |
| Current disposition:  |   |   |
| Outstanding Charges:  |   |   |
| Conditions of order specifically related to substance use health assessment and/or counselling: | Details:  |   |

|  |  |  |
|--|--|--|
|  |  |  |
| What prompted the referral?  | Details:   |  |
| Safety concerns that Rideauwood staff should be aware of?            | Details:   |  |
|  |  |  |
| Has the Youth previously received services for substance use health? | <input type="checkbox"/> Yes<br><input type="checkbox"/> No  | If so, indicate with whom and when:    |
|  |  |  |
| Other agencies providing services to this Youth:                     | Contact person/worker's name:  | Contact person/worker's email address: |
| 1.   |  |  |
| 2.   |  |  |
| 3.   |  |  |
|  |  |  |
| Has Youth agreed to the referral?                                    | <input type="checkbox"/> Yes<br><input type="checkbox"/> No  | Details:                               |
| Youth's reaction to referral:  | <input type="checkbox"/> Positive<br><input type="checkbox"/> Tentative<br><input type="checkbox"/> Negative | Details:                               |
| Parent(s)/Guardian(s) reaction to the referral (if known)            | <input type="checkbox"/> Positive<br><input type="checkbox"/> Tentative<br><input type="checkbox"/> Negative | Details:                               |
|  |  |  |
| As a Probation Case Manager, I would like monthly updates:           | <input type="checkbox"/> Yes<br><input type="checkbox"/> No  |  |

Upon receipt of this referral, someone will contact you to notify you that the referral has been accepted.

Any questions in the meantime may be directed to:

**Heather Simon, MSW, RSW**

Clinical Manager (she/her/elle)

Youth and Young Adult Programs

Rideauwood Addiction and Family Services

[hsimon@rideauwood.org](mailto:hsimon@rideauwood.org)

*Updated on 2023-03-24*