**** **CLIENT REFERRAL FORM**

**Please complete this form and provide as much information as possible to help us determine if the youth is appropriate for the ReDirect program. Completed forms can be emailed to: redirect@calgarypolice.ca**

**CLIENT INFORMATION**

|  |  |
| --- | --- |
| **CLIENT NAME:** | **DOB (MM/DD/YY):** |
| **PREFERRED NAME:** | **ALIAS(ES):** |
| **GENDER:** | [ ] Male [ ]  Female [ ] Non-binary [ ] Transgender [ ]  Two-spirit [ ] Other: |
| **ETHNICITY:** |  | **COUNTRY OF BIRTH:** |  |
| **INDIGENOUS:** | [ ]  Metis [ ]  Inuk (Inuit) [ ]  First Nations [ ]  Indigenous Identity (not otherwise specified) |
| **BAND AND/OR RESERVE NAME:** |  |
| **IMMIGRATION STATUS:** | [ ]  Temporary resident[ ]  Permanent resident[ ]  Refugee[ ]  Other: | **IMMIGRATION DATE (MM/DD/YY):** |
| **MAIN LANGUAGE SPOKEN AT HOME:** |  | **OTHER LANGUAGES SPOKEN:** |  |
| **INTERPRETER REQUIRED?** | [ ]  Yes [ ]  No |
| **PRIMARY ADDRESS:** |  |
| **SECONDARY ADDRESS:** |  |
| **PRIMARY LIVING ARRANGEMENT:** | [ ]  Lives with both parents [ ]  Lives with mother [ ]  Lives with father[ ]  Lives alone [ ]  Lives with other family [ ]  Residential placement [ ]  Foster care [ ]  Shelter [ ]  Other:  |
| **PHONE NUMBERS:** | (C):(H): | **EMAIL ADDRESS:** |
| **NOTES / ADDITIONAL INFORMATION** |  |

**FAMILY INFORMATION**

|  |  |
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| **GUARDIAN 1 NAME:****GUARDIAN 1 PHONE:****GUARDIAN 1 ADDRESS:** | [ ]  **Mother**[ ]  **Father**[ ]  **Step-parent**[ ]  **Other:** |
| **ETHNICITY:**  | **MAIN LANGUAGE SPOKEN:****INTERPRETER REQUIRED?** [ ]  **Y** [ ]  **N** | **IMMIGRATION STATUS:** | [ ]  Temporary resident[ ]  Permanent resident[ ]  Refugee[ ]  Other: |
| **INDIGENOUS:** |  [ ]  Metis [ ]  Inuk (Inuit) [ ]  First Nations [ ]  Indigenous Identity (not otherwise specified) |
| **GUARDIAN RISK FACTORS:** [ ] Mental health [ ]  Substance use [ ]  Criminality [ ]  Other(s): |
| **GUARDIAN 2 NAME:****GUARDIAN 2 PHONE:****GUARDIAN 2 ADDRESS:** | [ ]  **Mother**[ ]  **Father**[ ]  **Step-parent**[ ]  **Other:** |
| **ETHNICITY:**  | **MAIN LANGUAGE SPOKEN:****INTERPRETER REQUIRED?** [ ] **Y** [ ] **N** | **IMMIGRATION STATUS:** | [ ]  Temporary resident[ ]  Permanent resident[ ]  Refugee[ ]  Other: |
| **INDIGENOUS:** |  [ ]  Metis [ ]  Inuk (Inuit) [ ]  First Nations [ ]  Indigenous Identity (not otherwise specified) |
| **GUARDIAN RISK FACTORS:** [ ] Mental health [ ]  Substance use [ ]  Criminality [ ]  Other: |
| **ARE THERE SIBLINGS IN THE HOME?** [ ] Yes [ ]  No [ ] Unknown |
| **SIBLING RISK FACTORS:** | [ ] Mental Health [ ] Criminality [ ] Disability [ ]  Hate/conflict [ ] Other:  |
| **IS THERE CURRENT OR PAST CHILDREN’S SERVICES INVOLVEMENT WITH THE FAMILY?**[ ] Current [ ] Past [ ] Unknown |
| **NOTES / ADDITIONAL INFORMATION** |  |

**EDUCATION INFORMATION**

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| --- | --- |
| **CURRENT SCHOOL:** | **GRADE:** |
| **PERFORMING BELOW, AT, OR ABOVE GRADE LEVEL?** | [ ] Above level [ ] At level [ ] Below level [ ]  Unknown |
| **ATTENDS CLASSES:**  | [ ]  Always [ ]  Often [ ]  Sometimes [ ]  Rarely [ ]  Unknown |
| **ENROLLED IN SPECIALIZED CLASSES/PROGRAM?**  | [ ]  No [ ]  Yes Special Education Code(s):  |
| **HAVE ANY EDUCATIONAL/****LEARNING ASSESSMENTS BEEN COMPLETED?** | [ ]  No [ ]  Yes If yes, provide details:  |
| **HAS THE YOUTH EVER BEEN SUSPENDED?** | [ ]  No [ ]  Yes  |
| **HAS THE YOUTH EVER BEEN EXPELLED?** | [ ]  No [ ]  Yes  |
| **IS THE YOUTH HAVING PROBLEMS WITH TEACHERS, STAFF, OR OTHER STUDENTS AT SCHOOL?** | [ ]  No [ ]  Yes  |
| **NOTES / ADDITIONAL INFORMATION** |  |

**MENTAL HEALTH AND SUBSTANCE USE**

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| **DOES THE YOUTH HAVE MENTAL HEALTH CONCERNS?** [ ]  Yes – diagnosed [ ]  Undiagnosed/suspected [ ]  No [ ]  Unknown **If yes/suspected, provide details:**  |
| **DOES THE YOUTH HAVE AN AUTISM/ASPBERGERS/NEURODIVERGENT DISORDER DIAGNOSIS?**[ ]  Yes – diagnosed [ ]  Undiagnosed/suspected [ ]  No [ ]  Unknown |
| **DOES THE YOUTH USE ANY SUBSTANCES?** [ ]  No [ ]  Yes [ ] Unknown |
| **DOES THE YOUTH HANG AROUND PEERS THAT USE/ABUSE SUBSTANCES?**[ ]  No [ ]  Yes [ ]  Unknown  |
| **NOTES / ADDITIONAL INFORMATION** |  |

**CRIMINALITY**

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| **HAS THE YOUTH EVER BEEN CHARGED WITH A CRIMINAL OFFENSE?**[ ]  No [ ]  Yes If yes, provide details: |
| **HAS THE YOUTH EVER BEEN REFERRED FOR EXTRAJUDICIAL SANCTIONS/MEASURES/DIVERSION?**[ ]  No [ ]  Yes If yes, provide details: |
| **DOES THE YOUTH ASSOCIATE WITH INDIVIDUALS ENGAGED IN CRIMINAL ACTIVITY?**[ ]  No [ ]  Yes If yes, provide details: |
| **IS THE YOUTH KNOWN TO BE ASSOCIATED WITH A GANG/ORGANIZED CRIME/HATE GROUP?**[ ]  No [ ]  Yes If yes, provide details: |
| **NOTES / ADDITIONAL INFORMATION** |

**CLIENT BEHAVIOURS, RISK FACTORS, AND NEEDS**

**Check all that apply:**

**Primary Risk factors**

[ ] Has made hate-motivated statements directly to others in-person or online

[ ] Has expressed intolerance, hatred, or rejection of racial/ethnic/sexual/gender groups

[ ] Feels victimized or marginalized by others

[ ] Has confrontations with people based on ideas or behaviour

[ ] Has been asked to leave groups or activities due to intolerant views

**Secondary Risk Factors**

[ ] Has become withdrawn and secretive

[ ] Spends more time on the internet than usual

[ ] Has been violent or aggressive, has made threats, or has bullied others

[ ] Spends a lot of time engaging with ‘online friends’ in a virtual community

[ ] Has withdrawn from or abandoned existing social activities, friends, and/or family

[ ] Has been charged with offenses that involve assault, threats, or other violence

[ ] Has current or past mental health concerns (diagnosed or un-diagnosed)

[ ] Lacks emotional regulation and self-control

[ ] Exhibits anti-social behaviour (does not care about others, fights with others, etc.)

**Tertiary Risk Factors**

[ ] Presents as unhappy, moody, or depressed

[ ] Poor school performance and/or attendance

[ ] Immigrant or refugee from a war-torn country

[ ] Serious family violence or dysfunction

[ ] Has difficulty in social situations / making new friends

[ ] Does not have a positive role model or mentor

[ ] Does not have many friends or a social circle

[ ] Lacks motivation to participate in usual societal activities (school, work, recreation activities)

[ ] Is or has been a victim of bullying

[ ] Is easily led or manipulated

[ ] Uses alcohol and/or substances

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| **WHAT ARE THE YOUTH’S STRENGTHS?** |
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| **WHAT ARE THE POTENTIAL BARRIERS TO PARTICIPATION FOR THE YOUTH/FAMILY?** |
| i.e., language barrier, transportation, cognitive ability, family factors, etc. |
| **RELEVANT PROFESSIONALS INVOLVED WITH THE YOUTH/FAMILY** |
| AGENCY/ORGANIZATION | CASEWORKER NAME | CASEWORKER CONTACT INFO |
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**Referral Source Information**

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| Referral Name: |
| Referral Agency: |
| Referral Phone No: |
| Referral Email:  |
| Date of Referral:  |

**Please email completed referral forms to** **redirect@calgary.ca****. Referrals will be screened by the ReDirect team and referral sources can expect to receive a reply within 14 days. If you do not hear from anyone in that time frame, please contact the program at the email address above.**