Child/Youth Referral Package (6-15 years old) - Information page

This request form is to be used for Canadian citizens only – Please contact the office directly for the *Newcomer Referral Form*.

Please read carefully and print clearly. Incomplete forms will not be accepted, no exceptions.

The match with a Volunteer is based upon common interests, compatibility and close proximity to one another.

The Peer Project – Youth Assisting Youth strives to promote diversity. We ask for your cooperation in adhering to our Access and Equity Policy.

Parent/Guardian(s): Please note that the **referral can only be completed** by a worker from an organization, health practitioner, School Board, or any other agency that is currently involved.

Referring workers: Please complete the form to the best of your knowledge and ensure the signature fields have been signed. Incomplete applications will not be accepted.

It is the responsibility of the worker and the child's parent/guardian(s) to confirm that we have received the application.

If discharging the client after the referral, please provide the closure date and the name of the new worker. Thank you for cooperation.

Choose one of the following to submit your application:

By mail	**The Peer Project – Youth Assisting Youth** **5734 Yonge St., Suite 401** **Toronto, ON** **M2M 4E7**
Email	**mail@yay.org** **(scan and email)**
Fax	**416-932-1924**

OFFICE USE ONLY Date Received: MM / DD / YYYY
Client ID: JR_____ Worker: _____

THE PEER PROJECT
YOUTH ASSISTING YOUTH

Referral Application – PLEASE NOTE THAT ALL INFORMATION IS CONFIDENTIAL **Date:** MM / DD/ YYYY

To be completed by the referring worker in conjunction with parent(s)/guardian(s)

Reason for referral:

Social	**Behavior**	**Emotional**	**Trauma**
☐ Learning Disability	☐ Aggressive	☐ Depression	☐ Emotional Abuse
☐ Disability	☐ Withdrawal	☐ PTSD	☐ Sexual Abuse
☐ Educational	☐ Defiant	☐ Self Harm	☐ Physical Abuse
☐ Anxiety	☐ Passive	☐ Anger	☐ War torn country
☐ Cultural			☐ Witnessed abuse
☐ Bullied			☐ Grief
☐ Bully			☐ Divorce/Separation

☐ **Other:** _____

Please print clearly:

Child/ Youth Name _____
First name *Last name*

Date of Birth_____ (mm/dd/yyyy) Age _____(child must be 6-15 years old)

Gender ☐ Male ☐ Female ☐ Other_____

Address _____ Apt. # _____

City: _____ Buzzer Code _____ Postal Code _____-_____

Home Phone _____ Cell Phone _____

E-mail _____
(Please provide your frequently used email address to receive program and event updates, this information will not be shared)

Emergency Contact _____Phone _____

Relationship to Child _____

Parent/Guardian(s)

Parent/Guardian Name _____

Date of Birth _____ If Guardian, please note relationship to child _____

Custody Order Information

What is the legal/court order regarding the above child?

☐ Sole Custody ☐ Sole Custody with visits ☐ Joint Custody ☐ Supervised visits ☐ Other

If other, please explain: _____

Are there any other legal/court provisions that we should be aware of? (e.g.: restraining order)

☐ Yes ☐ No

If yes, please explain: _____

Please note: Failure to complete the Custody Order Information (if applicable) can result in the cancellation of this referral.

Can we contact the parent/guardian(s) at work? ☐Yes ☐No

Where? _____ Work Phone _____

Other Parent

Name _____

Address (if different from above) _____

Home Phone _____ Cell Phone _____

If not living in the same household, does the child visit the other parent? How often?

_____

_____

Is the other parent aware of this application to the program? ☐Yes ☐No

Family Relationship

Please write the name of any other people living in the same household as the child.

Name	Age	Gender	Relationship

Please give a brief description of the family: (i.e. cohesiveness, supervision, difficulties, etc.)

_____

_____

_____

Medical History

Does the child have any medical concerns, conditions or allergies? ☐Yes ☐No

If yes, please explain:

_____

_____

_____

Is the child on any medication? ☐Yes ☐No

If yes, please explain:

_____

_____

If YES for the question above, does the child know how to administer their medication on their own?

☐Yes ☐No

Please check the following that best describes the child:

☐Busy	☐Lonely	☐Outgoing	☐Withdrawn
☐Friendly	☐Carefree	☐Shy	☐Overactive
			☐Aggressive

School Information

School _____

Address _____

Phone _____ Grade_____ Teacher _____

Social Activities

Is the child interested or active in: (check as many as applies)

☐ sports ☐ church ☐ group activities ☐ other organized activities?

If yes, please list:

_____ _____

_____ _____

Is the child aware of the application to the The Peer Project – Youth Assisting Youth?

☐Yes ☐No

If yes, what was the reaction? _____

_____

_____

Is the child involved with any other community or similar mentoring agency or program? ☐Yes ☐No

1. Agency Name: _____ Phone: _____

Contact Person: _____

2. Agency Name: _____ Phone: _____

Contact Person: _____

Referring Source

Name: _____ Title: _____

Agency/ Organization: _____

Telephone: _____ Ext.: _____ Email: _____

How long have you worked with this child? _____

Will there be any follow-up after the referral regarding this child/youth? ☐Yes ☐No

Referral Date: _____

Reason for referral:

_____

_____

_____

_____

What level of cooperation do you anticipate between the child's parent(s)/guardian(s) and the volunteer?

☐Low ☐Medium ☐High

If low or medium please explain:

_____

_____

_____

CONSENT TO RELEASE INFORMATION BETWEEN AGENCIES

Child/Youth Name _____

D. O. B. _____ **(mm/dd/yyyy)**

I hereby authorize:

Referring Worker's Name _____

Agency/ Organization _____

Telephone _____ **Ext.** _____ **Title** _____

Email _____

To release to:

The Peer Project – Youth Assisting Youth
5734 Yonge Street
Suite 401
Toronto, Ontario
M2M 4E7

Any and all information regarding the above named client pertaining to: personality traits, behavioral concerns and special needs for the purpose of: finding a volunteer mentor.

Have you informed the parent/guardian(s) of The Peer Project -Youth Assisting Youth program and of this referral? ☐Yes ☐No

I HEREBY ACKNOWLEDGE THAT THE ABOVE INFORMATION IS ACCURATE AND TRUE TO THE BEST OF MY KNOWLEDGE.

Signature of Parent/Guardian **Date**

Signature of Referring Worker (witness) **Date**