

INSTRUCTIONS – PLEASE READ BEFORE FILLING OUT THIS FORM

This form is for for **Canadian citizens** (ages 6 -15) ONLY – For Newcomers, please fill out the Newcomer Referral application, which can be found on our website ThePeerProject.com.

If the child being referred is a Canadian citizen and is between the ages of 6 & 15, this is the right form for you. Please be advised that this form can only be completed with the assistance of a worker from an organization.

SUBMISSION METHODS

Save, Fill & Email:

Download and complete the fillable PDF. When finished, attach to an email and send to intake@yay.org.

***Please note:** If this document opens in your web browser's PDF reader by default, we strongly suggest that you save this form to your computer **before** you begin filling it out. The form may not save your information if you try to save it after you have filled it out in your web browser. Additionally, though any PDF viewer program will work for completing this form, we suggest using Adobe Acrobat.*

Print, Fill, Scan & Email:

intake@yay.org

Print, Fill, Send by Paper Mail:

The Peer Project – Youth Assisting Youth 5734 Yonge St., Suite 401 Toronto, ON M2M 4E7

Print, Fill & Fax:

416-932-1924

- Please do your best to provide as much information as possible. At the very least, fields indicated with a red border must be completed. Submitted forms with these boxes left empty will not be accepted.
- If completing this form by hand, please read carefully and print clearly. Incomplete forms will not be accepted.
- The match with a Volunteer is based upon common interests, compatibility and close proximity to one another.
- The Peer Project strives to promote diversity. We ask your cooperation in adhering to our Access & Equity Policy.
- Remember: This form can only be completed with the assistance of a worker from an organization, health practitioner, School Board, or any other agency that is currently involved.
- It is the responsibility of the worker and the child's parent/guardian to ensure that we have received the application

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

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

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

Reason for referral:

Social	Behavior	Emotional	Trauma
<input type="checkbox"/> Learning Disability	<input type="checkbox"/> Aggressive	<input type="checkbox"/> Depression	<input type="checkbox"/> Emotional Abuse
<input type="checkbox"/> Disability	<input type="checkbox"/> Withdrawal	<input type="checkbox"/> PTSD	<input type="checkbox"/> Sexual Abuse
<input type="checkbox"/> Educational	<input type="checkbox"/> Defiant	<input type="checkbox"/> Self Harm	<input type="checkbox"/> Physical Abuse
<input type="checkbox"/> Anxiety	<input type="checkbox"/> Passive	<input type="checkbox"/> Anger	<input type="checkbox"/> War torn country
<input type="checkbox"/> Cultural			<input type="checkbox"/> Witnessed abuse
<input type="checkbox"/> Bullied			<input type="checkbox"/> Grief
<input type="checkbox"/> Bully			<input type="checkbox"/> Divorce/Separation
<input type="checkbox"/> Other: _____			

Please print clearly:

Child/ Youth 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 (other than parent) _____

Phone _____ Relationship to Child _____

Parent/Guardian(s)

Parent/Guardian Name _____

Date of Birth _____ (m/d/y) 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 religious/spiritual activities 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

By checking this box: I agree that:

- I am signing this document electronically and that my electronic signature is the legal equivalent to my manual signature on this form.