

Newcomer Referral Application – PLEASE NOTE THAT ALL INFORMATION IS CONFIDENTIAL

Please complete this application if the child has a valid immigration status and number (UCI #).

Choose one of the following to submit your application:

By mail	Youth Assisting Youth 5734 Yonge St., Suite 400. Toronto, ON. M2M 4E7
Email	intake@yay.org (scan and email)
Fax	416-932-1924

Date: _____ **Parent/Guardian Email Address:** _____
 (MM/DD/YYYY)

Where did you learn about Youth Assisting Youth 1-to-1 Mentoring Program?:

- Google Search
- Colleague or Employer
- I was informed about the program by Youth Assisting Youth’s Outreach Coordinator
- I was informed about the program by another employee of Youth Assisting Youth
- I do not remember – I have known about Youth Assisting Youth for a long time
- Other: _____

Reason for referral:

- | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Social</p> <ul style="list-style-type: none"> <input type="checkbox"/> Learning Disability <input type="checkbox"/> Disability <input type="checkbox"/> Educational <input type="checkbox"/> Anxiety <input type="checkbox"/> Cultural <input type="checkbox"/> Bullied <input type="checkbox"/> Bully | <p>Behavior</p> <ul style="list-style-type: none"> <input type="checkbox"/> Aggressive <input type="checkbox"/> Withdrawal <input type="checkbox"/> Defiant <input type="checkbox"/> Passive | <p>Emotional</p> <ul style="list-style-type: none"> <input type="checkbox"/> Depression <input type="checkbox"/> PTSD <input type="checkbox"/> Self-Harm <input type="checkbox"/> Anger | <p>Trauma</p> <ul style="list-style-type: none"> <input type="checkbox"/> Emotional Abuse <input type="checkbox"/> Sexual Abuse <input type="checkbox"/> Physical Abuse <input type="checkbox"/> War torn country <input type="checkbox"/> Witnessed abuse <input type="checkbox"/> Grief <input type="checkbox"/> Divorce/Separation |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
- Other: _____

Please print clearly:

Child/ Youth Name _____

First name

Last name

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

Gender Male Female Other _____

Child's Home Address _____

Apt. # _____ City: _____ Buzzer Code: _____ Postal Code: _____

Once enrolled in our Peer Mentoring Program, participants are eligible to register for the following programs. Please select the program(s) that your child may be interested in:

- 1:1 Virtual Tutoring Program (Weekly sessions to help with homework during the school year)
- Girls Empowerment Program (8-week program to build social skills, confidence and self-awareness)
- Boys Empowerment Program (8-week program to build social skills, confidence and self-awareness)
- 1:1 Counseling (Counseling sessions to help with anxiety, depression & other mental health issues)
- Mental Health Self-Care Training (Group workshops to help reduce stress and improve mental health)

Parent/Guardian(s)

Parent/Guardian Name: _____

Date of Birth: _____

Phone Number (Mobile Phone): _____ (Work Phone): _____

If Guardian, please note relationship to the child: _____

Will an Interpreter be needed?: Yes No

What language(s) does the parent/guardian speak: _____

Was the child born in Canada or have Canadian citizenship?: Yes No

Where was the child born?: _____

Immigration Status:

- | | | |
|---------------------------------------------|---------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Citizen | <input type="checkbox"/> Undocumented | <input type="checkbox"/> Landed Immigrant |
| <input type="checkbox"/> Convention Refugee | <input type="checkbox"/> Unknown | <input type="checkbox"/> Student Visa |
| <input type="checkbox"/> Refugee Claimant | <input type="checkbox"/> Work Visa | <input type="checkbox"/> Other: _____ |

What language(s) does the child speak: _____

Family Relationship

Please fill in the below information of any other people living in the same household as the child (this can include siblings, extended family, etc):

Name	Age	Gender	Relationship

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

Referring Source

(This section only needs to be filled out if you are a referring worker from an organization, a health practitioner, or a member of a School Board. If you are the parent/guardian who is filling out this form, this section does not need to be completed)

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:
