



Date: _____

Dnaagdawenmag Binnoojiiyag Child & Family Services

Native Youth & Justice Services

CLIENT REFERRAL FORM

Referral:

Referring Agency: _____ Website: _____

Contact Name: _____ Phone: _____ Email: _____

Personal Information:

First Name: _____ Last Name: _____ Initial: _____

Current Address: _____

Phone # _____ Other #s _____

Types of Service: Please check all areas that would benefit youth being referred.

| | |
|--|---|
| <input type="checkbox"/> Introduction and access to Ceremonial and Cultural Activities and Events which may include: <ul style="list-style-type: none"> • Seasonal Ceremonies, Naming Ceremony, Sweat Lodge Ceremony, Vision Quest Ceremony, etc. • Attending powwows, drumming & singing | <input type="checkbox"/> Guidance & teachings with Elders and/or Traditional People <ul style="list-style-type: none"> • Male • Female • Either • Both |
| <input type="checkbox"/> Access to Services in local First Nation Communities: <ul style="list-style-type: none"> • Curve Lake • Hiawatha • Alderville • Scugog Island <p>NOTE: Youth may need to be a member of the identified First Nation to access services.</p> | <input type="checkbox"/> Advocacy <ul style="list-style-type: none"> • Ontario Works • Ontario Disability Support Program • First Nation Community • Education and Training • Employment & Training • Other: _____ |
| <input type="checkbox"/> Access to substance, physical and emotional counselling support <ul style="list-style-type: none"> • Therapeutic / Counselling sessions • Twelve step programs • Anger Management | <input type="checkbox"/> Linkages & Support <ul style="list-style-type: none"> • Employment readiness support • Educational resource access (Band Funding) • First Nations - Medical Services Branch |
| <input type="checkbox"/> Resources <ul style="list-style-type: none"> • Basic information on culture, language, customs and history • Books on culture & identity, history of colonization, etc. • Website references – Indian Affairs, Metis Nation, Friendship Centres, Native Women’s Associations, etc. | <input type="checkbox"/> Transportation Assistance to minimize issues & barriers that interfere with direct service access. <ul style="list-style-type: none"> • Reporting requirements • Social/Recreational Activities • Accessing Food banks, housing and other basic need supports |
| <input type="checkbox"/> Information session for Probation Officer | <input type="checkbox"/> Information Session for Parents of youth |

Date: _____

Current Convictions: _____

Previous Convictions: _____

Young Persons Risk Level and other applicable information:

Signature of referring agent.

Date: