**A red and black logo

Description automatically generated** **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**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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**

|  |  |
| --- | --- |
| **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**

|  |
| --- |
| **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

|  |  |  |
| --- | --- | --- |
| **WHAT ARE THE YOUTH’S STRENGTHS?** | | |
|  | | |
| **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**](mailto: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.**