

-REFERRAL FORM-

Community Learning HUB



CLIENT INFORMATION

FULL NAME: _____

CONTACT INFO: _____

GENDER: MALE ____ FEMALE: ____

CURRENT AGE: _____

DATE OF BIRTH: DD/MM/YY _____

REFERRING FROM WHICH ORGANIZATION OR PROGRAM: _____

HUB PROGRAMS:

___ ANGER MANAGEMENT ___ SUBSTANCE ABUSE PROGRAM ___ GIRLS GROUP

___ FINANCIAL MANAGEMENT ___ EMPLOYMENT ___ CULTURAL TEACHINGS

REPEAT PARTICIPANT OR CLIENT? YES NO

PREVENTION

NOTES:

- o EDUCATION
- o SELF
- o EMPLOYMENT
- o YOUTH PROGRAM
- o CHILD WELFARE
- o CHILDREN'S MENTAL HEALTH
- o HOUSING OR SHELTER
- o OTHER: _____

YOUTH JUSTICE – COMMUNITY

- o POLICE
- o DIVERSION
- o PRE-TRAIL / BAIL
- o ATTENDANCE PROGRAM
- o PROBATION
- o OPEN CUSTODY
- o OTHER: _____

YOUTH JUSTICE – SECURE

- o SECURE CUSTODY
- o SECURE DETENTION
- o OTHER: _____

RETURN TO:

DARLENE OSHIE, NAN Legal Services

Community Engagement Training Coordinator | Thunder Bay HUB Worker

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