

-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:

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

YOUTH JUSTICE – COMMUNITY

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

YOUTH JUSTICE – SECURE

- SECURE CUSTODY
- SECURE DETENTION
- OTHER: _____

RETURN TO:

STALLONE QUEQUISH, NAN Legal Services

Community Engagement Training Coordinator | Sioux Lookout HUB Worker

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Email: squequish@nanlegal.on.ca