



Community Youth Intervention Program Community Referral

Intake Form

Date: _____

Client Name: _____

D.O.B _____

Gender Male / Female

Address: _____

First Nation: _____

Parent / Guardians _____

Telephone # _____

Referrer _____

The Youth Intervention Program is looking to enhance services and recruit youth for community activities; this does not mean that the youth are in conflict with the law in any way. By signing this referral form, the parent or guardian agrees that the youth can participate in community service, traditional activities, rabbit snaring, and will allow the youth worker to take them out of the school for an afternoon without being marked absent.

All safety measures will be taken while on an event, therefore any injuries or loss of property will not be the responsibility of Nishnawbe-Aski Legal Services or the Youth Intervention Worker.

Parent/ Guardian Name: _____

Signature: _____

YIW: _____ Signature: _____