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| **Youth and Contact Information** | | |
| Name: | | Referral Date: |
| Date of Birth: | Age: | Gender:  Pronouns: |
| Phone: | Email: | |
| Ethnic Origin: | Band Name: (If applicable/known) | |
| Living Address: | | |
| Current Living Situation: (Please indicate if youth is homeless or at imminent risk of homelessness – if street involved, please list any known locations for outreach) | | |
| Is the Youth Aware of Referral: **Y / N** | | |

Reconnect is a short-term, voluntary, outreach service for youth. In order to be eligible for the program, youth must be 12 – 18 years old and seeking support with one or more of the following **(please check off all that apply)**:

* **Access to basic needs**
* **Support navigating/accessing community resources (ex. MCFD, mental health, physical health, substance-use, housing, finances, life skills, etc.)**
* **Safety planning and support for preventing or overcoming street involvement/homelessness**
* **Parent-teen mediation**
* **Advocacy or support with self-advocacy**

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| **Additional details on supports and resources needed**  (ex. what basic needs, supports, community resources, types of advocacy needed) |

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| **Alcohol and/or Drug Usage** (ex. current or previous substances used, how often/amount, and current or previous access to detox or treatment) | Yes: | No: | Unknown: |
| Please explain: | | | |

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| **Mental Health Concerns** (ex. any known diagnoses, symptoms or current concerns/challenges and current treatments or medications): | Yes: | No: | Unknown: |
| Please explain: | | | |

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| **Sexual Exploitation** (ex.youth is given things in exchange for performing sexual acts or youth is self-exploiting) | Yes: | No: | Unknown: |
| Please explain: | | | |

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| **Parent/Guardian Name and Contact Information** |

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| **Other Supports Involved:**  (Please include professional and natural supports) |

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| **Additional Information:**  (Please include school name, any known strengths, safety risks, allergies, or legal involvement) |

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| Referred By: |  | Email: |  |
| Organization: |  | Phone: |  |

**Email referral to:** [**gsimms@bgco.ca**](mailto:gsimms@bgco.ca)**,** [**vschermel@bgco.ca**](mailto:vschermel@bgco.ca)**,** [**mlea@bgco.ca**](mailto:mlea@bgco.ca)(Please send referral to all three email addresses)

\* All referrals are triaged by Gayle, Victoria and Mike on a weekly basis. Priority is given to youth that are at imminent risk of issues pertaining to residency, alcohol and drug issues, sexual exploitation, mental health emergencies, and younger youth. If there is a waitlist at the time of referral, a Reconnect worker will still contact referral source within a week to provide more information.\*