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| **Central Toronto Youth Services – YHOP / CSI Referral Form** |
| **Visit www.ctys.org for specific program criteria**  |
| **🞏 Youth Hostel Outreach Program** (ages 16 -24)  | **🞏 Community Support and Intervention** (ages 18 – 24) |
| **Is the client aware of the referral? ☐ Yes ☐ No \*Authorization for Disclosure is required for referral** |
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| **Date of Referral:** (YY/MM/DD)  |
| **Section A:** *Referral Source Information* |
| Name: | Pronoun(s) |
| Agency: | Role/Relationship: |
| Address: Number/Street City Postal Code | Frequency of contact:Length of ongoing contact: |
| Work Telephone: Ext: Cellular: |
| Email:  | Fax: |
| **Reason for referral:**  |
| **Intended outcome of service:** |
| 🞏 Systems navigation | 🞏 Mental health support | 🞏 Case management support  | 🞏 Immigration support |
| 🞏 Housing stability support | 🞏 Court-related support | 🞏 Other (please describe): |
| **Signature of referral source:** |

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| **Section B:** *Client Information*  |
| Name:  | Preferred Name if different: |
| Pronouns: | Gender identity: |
| Date of Birth (YY/MM/DD):   | Age: |
| Health Card (VC/expiry date): | Substitute decision maker: 🞏 Yes 🞏 NoName: Expires: |
| \*Address: Number/Street City Postal Code | \*If no fixed address, where might the youth frequent? |
| Cell: Is it safe to leave a message/text? 🞏 Yes 🞏 No  | Email: Other mode of contact: |
| Birthplace:Cultural Background: | Language(s): |
| Status (Permanent Resident, Canadian Citizen, Refugee Claimant, Convention Refugee/Protected Person, Student Visa, Other):  |

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| *Additional Client Information:* |
| Level of education completed/currently: (include academic accommodations, IEP) |
| Accessibility needs?  |
| Employment (History and current employment): |
| Current living situation:  |
| Family involvement (frequency of contact/brief describe of family dynamic or estrangements:) |
| History of homelessness (current or past shelter use, length of time):  |
| Sources of income: (How youth is financially supported):🞏 Employment 🞏 Family Support 🞏 Friends 🞏 No source of income 🞏 OW 🞏 ODSP 🞏 VYSA 🞏 Sponsorship Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Current supports connected to youth: 🞏 Case manager 🞏 Housing worker 🞏 Social worker 🞏 Guidance counsellor 🞏 Psychiatry 🞏 Addictions counsellor 🞏 Psychiatry 🞏 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*\*Please include known contact information under* ***“Section D: Client Contacts”*** |

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| *Wellness, strengths and interests:* (Please indicate all that apply ✓) |
|  | Utilizing coping strategies |  | Respectful of others |  | Hygiene/self-care  |
|  | Engaged in meaningful activities |  | Positive peer relationships |  | Follows routines |
|  | Utilizing external resources |  | Mood & affect regulation |  | Goal oriented |
|  | Connected to community /culture  |  | Connected to caregivers |  | Confident |
|  | Able to resolve conflict |  | Realistic expectations of others |  | Independent |
|  | Able to express remorse/accept responsibility |  | Healthy lifestyle |  | Use of humour |
|  | Utilizing harm reduction strategies |  | Care for the environment |  | Good time management |
|  | Hopeful/optimistic |  | Artistic/musically inclined |  | Resourceful |
|  | Interested in social justice |  | Self-advocate |  | Able to recognize danger |
|  | Self-reflective |  | Spirituality |  | Good insight |
|  | Other: |

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| **Section C***: Health Information* |
| **History of Mental Health** (starting with most recent diagnosis): |
| Diagnosis: | Date: | By: | Tel # | Supporting documentation available?  |
|  |  |  |  | 🞏Yes 🞏No |
|  |  |  |  | 🞏Yes 🞏No |
|  |  |  |  | 🞏Yes 🞏No |
|  |  |  |  | 🞏Yes 🞏No |
|  |  |  |  | 🞏Yes 🞏No |
|  |  |  |  | 🞏Yes 🞏No |
|  |  |  |  | 🞏Yes 🞏No |
| **Concurrent Disorder** 🞏 Yes 🞏 No 🞏 Suspected | **Developmental Disabilities** 🞏 Yes 🞏 No 🞏 Suspected |
| Comments: | Comments: (LD’s/MID/Autism spectrum, etc.) |
| **Substance use:** |
| Past: 🞏 Yes 🞏 No 🞏 UnknownAdditional Info: | Current: 🞏 Yes 🞏 No 🞏 UnknownAdditional Info: |
| **Safety Concerns:**  |
| Past: 🞏 Yes 🞏 No 🞏 UnknownAdditional Info: | Current: 🞏 Yes 🞏 No 🞏 UnknownAdditional Info: |
| **Current Presenting Concerns/Symptoms** (within the past 6 months): (🗹 all that apply): |
| 🞏 | Hearing Voices | 🞏 | Paranoia | 🞏 | Talking to themselves | 🞏 | Homicidal Ideation |
| 🞏 | Delusions | 🞏 | Isolates | 🞏 | Intensified mood swings | 🞏 | Suicidal Ideation |
| 🞏 | Agitation/Restlessness | 🞏 | Depression | 🞏 | Sleep Disturbances | 🞏 | Trauma history |
| 🞏 | Anxiety | 🞏 | Self-Harming | 🞏 | Ideas of grandeur |  |  |
| 🞏 | Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 🞏 | Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 🞏 | Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 🞏 | Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| Are there any significant events in youth’s life that are important for us to know?  |
| **Other Medical Information**: (include any relevant past or current conditions, and related medications, and/or treatments): | Allergies/Sensitivities:   |
| EpiPen required? 🞏 Yes 🞏 No EpiPen available? 🞏 Yes 🞏 No |
| **Medications:** |
| Drug Name | Reason | Dosage & Frequency | Administered by | Prescribed by |
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| **History of Psychiatric Admission:** Hospital/Date/Duration |
|  |  |  | Discharge summary available🞏Yes 🞏No |
|  |  |  | Discharge summary available🞏Yes 🞏No  |
|  |  |  | Discharge summary available🞏Yes 🞏No |
|  |  |  | Discharge summary available🞏Yes 🞏No |
| **Section D:** *Client Contacts* |
| ***Psychiatrist:*** |
| Name: | Agency/Institution: |
| Address: Number/Street/Apt. City Postal Code |
| Work Telephone: Ext: | Fax: |
| Frequency of contact: | Length of Contact: | Last Contact: |
| Additional Information: |
| ***General Practitioner/Primary Care:*** |
| Name: | Clinic: |
| Address:Number/Street/Apt. City Postal Code |
| Work Telephone: Ext: | Fax: |
| Currently seeing: 🞏 Yes 🞏No | Frequency of contact: | Last Contact: |
| Additional Information: |
| ***Lawyer:*** |
| Name:  | Area: |
| Telephone: Ext: | Cell: | Fax: |
| ***Duty Council/Diversion Worker:*** |
| Name: | Notes: |
| Telephone: Ext: | Cell: | Fax: |
| Legal history/pending charges/upcoming court dates:Legal Aid: 🞏 Yes 🞏No Bail Conditions: 🞏 Yes 🞏No Probation: Youth 🞏 Yes 🞏No Probation: Adult 🞏 Yes 🞏No Previous Youth Justice involvement🞏 Yes 🞏No **Upcoming Court/reporting dates:** |
| 🞏 Immigration  | Date | 🞏 Mental Health Diversion | Date |
| 🞏 Probation | Date | 🞏 Bail Court | Date |
| 🞏 Other: | Date | 🞏 Other: | Date |
| ***Bail/Probation Contact:***  |
| Name: | Location: |
| Telephone: Ext: | Cell: | Fax: |
| Additional Information: |

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| **Other Supports:** |
| Name:  | Agency: | Relationship to young person: |
| Telephone: Ext: | Cell: | Fax: |

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| Name:  | Agency: | Relationship to young person: |
| Telephone: Ext: | Cell: | Fax: |

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| Name:  | Agency: | Relationship to young person: |
| Telephone: Ext: | Cell: | Fax: |
| **Primary/Emergency Contact Information** |
| Name: | Pronoun(s): | Relationship: |
| Address: Number/Street/Apt. City Postal Code |
| Home Telephone: Is it safe to leave a message? 🞏 Yes 🞏 No   | Cellular:Is it safe to leave a message/text? 🞏 Yes 🞏 No  | Other: |
| Email: |
| Additional Information:  |
| Language spoken:  | Interpreter required: 🞏 Yes 🞏 No  |

**Please attach any relevant assessments, summaries or documents which may support this referral**

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| Office Use Only | Follow-up |
| Client ID number: | Date Received: | Date Scanned: | Intake meeting:  |

CT/New Outlook/YHOP CSI REFERRAL FORM 2025