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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 🞏 No  Name: 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 🞏 Unknown  Additional Info: | | | | | | | Current: 🞏 Yes 🞏 No 🞏 Unknown  Additional Info: | | | | | | |
| **Safety Concerns:** | | | | | | | | | | | | | |
| Past: 🞏 Yes 🞏 No 🞏 Unknown  Additional Info: | | | | | | | Current: 🞏 Yes 🞏 No 🞏 Unknown  Additional 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