



REE*START

(Resources, Education, Employment, Support, Teaching, Advocacy, Respect, Transition)

Program Referral

Please fax completed forms attn. REESTART to: 780-425-1549

If you would prefer to email form, please call for info: 780-428-7590

Professional Referral Information	
Referral Date:	Referring Person:
Relation to Applicant:	Phone:
Email:	Cell:
How long have you worked with individual:	
Youth Information	
Applicant Name:	Date of Birth:
Address:	City:
Preferred Method of Contact: <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Facebook <input type="checkbox"/> Other: _____	
Phone: _____	Email: _____
Text: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Trans <input type="checkbox"/> Gender non-conforming <input type="checkbox"/> Other _____	
Primary Language: <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other _____	
Facebook: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name on Facebook (if different than above): _____	
Child & Family Service Involvement: <input type="checkbox"/> Current <input type="checkbox"/> Previous <input type="checkbox"/> No Prior Involvement <input type="checkbox"/> Unknown	Child & Family Services Status (if currently involved):
Criminal Justice Involvement: <input type="checkbox"/> Current <input type="checkbox"/> Previous <input type="checkbox"/> None	If current, is there Y50 Involvement? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
What support is the youth looking for?	
Additional Information (upcoming court dates, other community support involvement, etc):	