

ELEANOR'S HOUSE REFERRAL FORM

Using this form : This form has been designed to fill out electronically. Please type your entries into all white boxes to the best of your knowledge, print and sign. Scan and send this form to eleanorsinfo@growwithtrellis.ca (see additional instructions at the end of this form).

Date of Referral:		Date received in Office:	
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YOUTH INFORMATION			
Name of youth:			
Date of Birth:		Current Age:	
Youth's phone number :			
Youth's email address :			
Youth's current address :			

Youth has current Voluntary Services Agreement? Yes. If yes, expiry date?
 No

Primary reasons for referring youth to Grimmon House: _____

As the referee, please make an assessment of the current level of risk for or involvement in sexual exploitation:

Youth is considered at risk of sexual exploitation : Yes No
Please list presenting factors indicating a risk of sexual exploitation

Youth is currently being sexually exploited: Yes No
Please list factors supporting this assessment and length of time youth has been involved in exploitation

Youth is currently trying to transition away from sexual exploitation: Yes No

Please list indicators that youth is transitioning self away from sexual exploitation (can see the risks, is asking for support with this, is reconnecting with family/culture, decreased AWOLs/drug/alcohol use, etc.)

Is there any past or current concern that youth is or has been involved in recruitment?

Yes No

If Yes, Please explain details of concern (s) :

DRUG & ALCOHOL ABUSE

As the referee, please make an assessment of the current level of risk for drug and alcohol abuse, with an x on the following scale:

Low _____ High

Drug(s) of choice?	
Other drug and alcohol use? Please explain.	
Frequency of use? (i.e. unknown, daily, per week)	
Is the youth wanting to engage in supports for their substance use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is youth detoxed? If yes, for how long?	

Has youth been in a treatment facility for drug/alcohol use? Yes (please see question below) No

Number of stays/visits	
Name/location of facility	
Duration of stay(s) in days or months	
Approximate date of most recent stay	
Was the stay voluntary or mandated?	<input type="checkbox"/> Voluntary <input type="checkbox"/> Mandated

Has youth been in PChad, Refelctions, youth mental health unit or other secure programming in the past 24 months?

Location	
Length of stay	
Were any assessments completed during their stay?	
Name and number of contact person:	

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MENTAL HEALTH

History of or presenting concern for self-harm or suicide risk? Yes (if yes, describe below) No

Diagnosed Mental Illness or queries by professionals (Doctor, Psychiatrist, Psychologist, etc.):

Undiagnosed Mental Illness? (Unofficially diagnosed but suspected):

Describe any treatment the youth is currently receiving (counselling, group therapy, medications, etc.)

JUSTICE/PROBATION INVOLVEMENT

Street/Gang Involvement YES UNKNOWN NO

Details:

Criminal/Justice Involvement YES UNKNOWN NO

Details:

Has the youth had any incidents involving violent behaviours (In program/school/other?)

Explain: YES UNKNOWN NO

Does the youth have a current probation officer?

Explain: YES UNKNOWN NO

FAMILY INFORMATION

Legal Guardian Name:		Relationship:	
Contact number:		Youth resides with this guardian?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Legal Guardian Name:		Relationship:	
Contact number:		Youth resides with this guardian?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Does youth reside with someone other than legal guardian? Yes (please fill out questions below) No

Name of person(s) youth lives with:		Relationship to youth:	
Contact number:			

Relevant family history, and family's significant supports:

Family strengths as well as presenting challenges:

Is the family wanting to engage in supports? Yes No

What supports is the family wanting to work with?

EDUCATION AND LEARNING NEEDS

Is the youth Currently attending school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, Current grade and school information:	
If no, last school attended and last grade completed?	
Best school contact (name and number)	

Are there any (psycho) educational assessments, medical reports, or diagnostic letters in school file?

Year	Document Type	Diagnosis/Findings

Additional school information that may help us understand this youth:

CURRENT GOVERNMENT OR SOCIAL AGENCY INVOLVMENT AND SUPPORTS

Please list any current Social Workers, Youth Support Workers, PSECA Workers, etc.

Name	Role/Title/Organization	Contact Number

SUMMARY

Has this application been discussed with the youth? YES NO

Does the youth want to receive support from Eleanor's House? YES NO

If yes, please explain what youth would like to gain or achieve by coming to Eleanor's House;

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How long does youth envision staying at Eleanor's House? 1-3 months 3-6 months 6-9 months

Where will youth transition to upon leaving Eleanor's House?

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What is needed before youth can successfully transition back to guardians or community living?

From the youth's perspective:	
From guardian's perspective:	
From PSECA perspective:	

Please note that as part of the referral process, the details around the referred youth may be discussed by several agents, including other BGCC programs and Child and Family Services.

The information discussed is confidential and will not be discussed further than required.

Name of Person Completing Referral:	
Title/Position/Relationship to Youth:	
Known youth how long (if not parent)	
Best Contact Number:	
E-mail	

CONSENT OF PARENT/GUARDIAN

Parent Name (please print): _____

Parent Signature: _____

Date: _____

*Note: If consent is not available, please indicate the reason (e.g. safety concerns, no parental involvement, etc.)***NEXT STEPS**

We will contact you after review of the referral to either discuss meeting with the youth to answer any questions and/ or discuss their readiness and desire to come to Grimmon House, or provide you with information on other programs or resources.

If any of the following is available, please attach:

- PSH Assessment Copy of PSECA Agreement
- Info Con/Case Summary Probation Orders
- Court Summary Health Assessments
- Educational Assessments Service Plans IPP

Please return completed referral form and documentation to:

Eleanor's House c/o Trellis Society

Attn: Program Coordinator

Email: eleanorsinfo@growwithtrellis.ca