

## YOUTH HOUSING SUPPORT REFERRAL

**16-17 Year Olds**

**FOR IMMEDIATE PROTECTION CONCERNS, PLEASE CALL THE CHILDREN'S AID SOCIETY OF OXFORD COUNTY AT 519-539-6176**

**DATE OF REFERRAL:** \_\_\_\_\_

(dd / mm / yyyy):

### YOUTH INFORMATION

<b>Name:</b>	<b>Date of Birth</b> (dd / mm / yyyy):
<b>Gender:</b> Male <input type="checkbox"/> Female <input type="checkbox"/> Trans <input type="checkbox"/> Other:	
<b>Phone:</b> home <input type="checkbox"/> cell <input type="checkbox"/> work <input type="checkbox"/> other <input type="checkbox"/>	<b>Phone:</b> home <input type="checkbox"/> cell <input type="checkbox"/> work <input type="checkbox"/> other <input type="checkbox"/>
Safe to: leave voicemail <input type="checkbox"/> text <input type="checkbox"/>	Safe to: leave voicemail <input type="checkbox"/> text <input type="checkbox"/>
<b>Email:</b>	
<b>Address:</b> (street #, street, city, postal code)	
<input type="checkbox"/> No fixed address	

### REASON FOR REFERRAL select all that apply:

Housing Issues <input type="checkbox"/>	Financial Issues <input type="checkbox"/>	Mental Health Issues <input type="checkbox"/>	Social Concerns <input type="checkbox"/> <small>(i.e. Gang involvement, criminal behaviour)</small>
Addictions <input type="checkbox"/>	Legal Issues <input type="checkbox"/>	Physical Health Issues <input type="checkbox"/>	Family Violence <input type="checkbox"/> <small>(i.e. unhealthy relationships)</small>

### REFERRING AGENCY INFORMATION (please note: you will be contacted to attend a planning meeting)

<b>Name/Agency:</b>	
<b>Position:</b>	
<b>Phone:</b>	<b>Email:</b>

### COMMENTS: