

Date: _____
Name: _____
Date of Birth: _____
Phone at which you can be reached or message left _____
Current Address: _____
(type of residence i.e. room and board, own place, parental home)

In School _____ if so where and last grade achieved _____

Currently Working? _____ if so where and when _____

Person Making Referral _____

Involvement with Department of Social Services: _____ if so what involvement
Worker Name: _____

Current Youth Offender or Adult Justice Involvement: _____

Current Community Involvement's: _____

Reasons for Wanting a placement at the Lodge?

Strengths: _____

Possible Issues: _____

Why do you feel placement at the lodge will be helpful to you?

Potential Out Plan:

Known Gang Affiliation _____

Other information: _____

Application Completed by: _____

Application Reviewed by: _____

Application Accepted

Application Not Accepted

Applications can be sent care of Coordinator - Quint Youth Lodge
202 - 230 Ave. R South
Saskatoon, Sask.
S7M 0Z9
Fax 683-1957

I _____ consent to the release of information as required to assess my application for placement to Quint's Young Men's Hostel. I understand this may include school, previous caregivers, the Department of Social Services, Justice officials (may include various Police agencies, parole officers, judges etc.) counseling agencies, or others with whom I have been involved.

I give permission to any person having such information to release it, following a written or verbal request from the Young Men's Hostel Admission Committee or staff.

Name of Youth (please print)

Signature of Youth

Date

Witness

Date

To be completed by the individual or organization making the referral.

Person being referred _____

Person / persons making referral _____

Organization _____

Contact Numbers – phone _____ cell _____

Fax _____ e-mail _____

How do you feel the person being referred would benefit from admission to the Quint Young Men's Home?

What are the strengths the person being referred has to offer?

What are the issues that will need to be addressed for the person being referred to get the most from this program?

Please state areas (issues), which the person being referred, will need to work on. (i.e. abandonment, addictions, self esteem, health).

Is there a Case Plan already in existence for this individual? Would it be possible to share this Case Plan with staff from Quint's Young Men's Home?

Please outline a viable exit plan for this individual. Please indicate a possible date or time line when this exit plan may be able to be put in place. Are you, as the person making this referral, willing and able to assist in this exit plan? In what way?

Is there additional information you or your organization may be able to share to make this placement the most beneficial for the person being referred?

Signature _____ Date _____

Referral Form Youth Lodge

Lodge Referral Form November 22, 2002

Quint Young Men's Hostel
Referral Form

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Consent for Release of Information