



"THAT'S A WRAP" (TAW) REFERRAL FORM

CLIENT INFORMATION

Name:	D.O.B.:
Address:	Phone:
City:	H: _____
Postal Code:	C: _____
Referred by: <small>(Relationship, contact details etc.)</small>	
Best time to contact youth: _____	
If under 18, please provide parent/guardian information (if known):	

Is parent/guardian aware of referral? Yes No

Areas of Concern:

Release of Information signed and attached (if applicable): Yes No

Reason for Referral:

- | | |
|--|--|
| <input type="checkbox"/> Counselling (specify need): _____ | <input type="checkbox"/> Service Navigation |
| <input type="checkbox"/> General Support | <input type="checkbox"/> Intensive Case Management |
| <input type="checkbox"/> Other (specify): _____ | |

Additional Information:

Name: _____ Date: _____

Signature: _____

***Client Eligibility Criteria: 12-24 years of age; at-risk of being or currently involved in the criminal justice system*

Send referral to: taw@johnhowardphd.ca