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| The Risk Intervention and Prevention Project (RIPP) is a mobile, voluntary program designed to meet the **acute needs of the most high-risk youth in our community**. RIPP will provide youth services in a community based, seamless fashion in partnership with community service providers. Youth must be 10-26 at the time of referral and reside in: Amherstburg, Essex, Kingsville, Lasalle, Windsor, Tecumseh, Belle River, Leamington or Lakeshore. |
| **Youth Information** |
| **Name** |  | **Address** |  |
| **Preferred Name** |  | **City** |  | **Postal Code** |  |
| **Date of** **Birth** |  |  |  | **Email** |  |
| **dd** | **mm** | **yyyy** | **School Name** |  |
| **Gender** |  | **Pronouns** |  |
| **lgbtq2+** | **Yes** [ ]  **No** [ ]  **Unsure** [ ]  | **indigenous** | **Yes** [ ]  **No** [ ]  **Unsure** [ ]  |
| **Phone 1** |  | **Phone 2** |  |
| **Can we?** | **Call** [ ]  | **Text** [ ]  | **Voicemail** [ ]  | **Can we?** | **Call** [ ]  | **Text** [ ]  | **Voicemail** [ ]  |
| **Refferal Source** |
| **Name** |  | **Agency**  | **Police** [ ]  **Probation** [ ] **Family** [ ]  **Self** [ ]  **School** [ ] **Community** [ ]  **Other (Please Specify) :** [ ]  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Phone** |  |
| **Email** |  |
| **Date of Referral** |   |
| **Reason for Referral: Presenting Issues and Risk Factors**  |
| [ ]  Chronic Housing Issues [ ]  Harm to self or others [ ]  Substance Use (Confirmed or Suspected) [ ]  Family Conflict[ ]  Significant Mental Health (Diagnosis or Concerns) [ ]  Education Concerns and Specialized Needs[ ]  Justice Involvement [ ]  CAS Involvement  |
|  **Overview** |
| **Relevant Family Information (Family history, housing, custody agreements, CAS involvement, etc. )**  |
|   |
| **Substance Use (Confirmed or Suspected)**  |
|  |
| **Mental Health (Concerns or Diagnoses, Mental health service providers info, etc. )** |
|  |
| **Family Doctor, Perscribed medications, etc.**  |
|  |
| **JUSTICE INVOLVEMENT (Arrests, Offences for Order, Non-Associations, Probation officer, Conditions, etc.)**  |
|  |
| **Educational concerns/needs (School Name, needs, Iep, esl, maps, sal, steps, etc.)**  |
|  |
| **Safety Precautions (Weapons, Associations, Aggression, Harm to self or others, etc.)**  |
|  |
| **Additional Information**  |
|  |
| **Completed by:** |  |
| **Date:** |  |