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| The Risk Intervention and Prevention Project is 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 12-20 at the time of referral and reside in: Amherstburg, Lasalle, Windsor, Tecumseh, Belle River or Lakeshore. |
| **Identifying Information** |
| **Name** |  | **Address** |  |
| **Date of Birth** |  |  |  | **City** |  | **Postal** |  |
| **dd** | **mm** | **yyyy** | **Email** |  |
| **Phone 1** |  | **Phone 2** |  |
| **Refferal Source** |
| **Name** |  | **Agency** **(if applicable)** |  |
| **Phone** |  | **Agency Contact** **(if applicable)** |  |
| **Email** |  |
| **Date of Referral** |   |  |
|  **Presenting Issues and Risk Factors** |
| [ ]  Substance use/misuse[ ]  Justice Involvement (including sibling or criminal charges) [ ]  Education Concerns and Specialized Needs [ ]  Chronic Housing Issues[ ]  Significant Mental Health Diagnosis or Concerns [ ]  CAS Involvement (as youth or parent) |
| **Additional Information** |
| **Mental Health Diagnosis/Concerns** |
|  |
| **Justice History** |
|  |
| **Relevant Family History** |
|  |
| **Community Service Providers and Programs (current and past involvment, school attending)** |
|  |
| **Identified Supports (family, community, friends)** |
|  |
| **Government supports and Subsidies** |
|  |
| **Prescribed Medication and Doctor** |
|  |
| **Significant Medical History** |
|  |
| **Safety Concerns or Hazards (weapons, associations, medical)**  |
|  |
| **Aditional Information** |
|  |
| **Completed by** |  |
| **Date Completed** |  |