|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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** | |  | | | | | | | |