

# Risk Intervention & Prevention Project (RIPP) INTERVENTION REFERRAL FORM

The Risk Intervention and Prevention Project (RIPP) 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.

## YOUTH INFORMATION

|                       |                                      |                                      |   |                          |                                      |                                      |   |
|-----------------------|--------------------------------------|--------------------------------------|---|--------------------------|--------------------------------------|--------------------------------------|---|
| <b>NAME</b>           |                                      |                                      |   | <b>ADDRESS</b>           |                                      |                                      |   |
| <b>PREFERRED NAME</b> |                                      |                                      |   | <b>CITY</b>              |                                      | <b>POSTAL CODE</b>                   |   |
| <b>DATE OF BIRTH</b>  |                                      |                                      |   | <b>EMAIL</b>             |                                      |                                      |   |
|                       | <b>DD</b>                            | <b>MM</b>                            | <b>YYYY</b>                               |                          |                                      |                                      |   |
| <b>GENDER</b>         |                                      |                                      |   | <b>PREFERRED PRONOUN</b> |                                      |                                      |   |
| <b>PHONE 1</b>        |                                      |                                      |   | <b>PHONE 2</b>           |                                      |                                      |   |
| <b>CAN WE?</b>        | <b>CALL</b> <input type="checkbox"/> | <b>TEXT</b> <input type="checkbox"/> | <b>VOICEMAIL</b> <input type="checkbox"/> | <b>CAN WE?</b>           | <b>CALL</b> <input type="checkbox"/> | <b>TEXT</b> <input type="checkbox"/> | <b>VOICEMAIL</b> <input type="checkbox"/> |

## REFERRAL SOURCE

|                         |  |  |  |   |  |  |  |
|-------------------------|--|--|--|---|--|--|--|
| <b>NAME</b>             |  |  |  | <b>AGENCY</b><br><small>(if applicable)</small>         |  |  |  |
| <b>PHONE</b>            |  |  |  | <b>AGENCY CONTACT</b><br><small>(if applicable)</small> |  |  |  |
| <b>EMAIL</b>            |  |  |  |   |  |  |  |
| <b>DATE OF REFERRAL</b> |  |  |  |   |  |  |  |

## PRESENTING ISSUES AND RISK FACTORS

- Substance Use (Confirmed or Suspected)
- Justice Involvement
- Education Concerns and Specialized Needs
- Chronic Housing Issues
- Significant Mental Health (Diagnosis or Concerns)
- CAS Involvement

## OVERVIEW

### RELEVANT FAMILY HISTORY

### INFORMATION REGARDING CHRONIC HOUSING ISSUES

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|  |  |
|--|--|
| <b>JUSTICE INVOLVEMENT</b>   |  |
|  |  |
| <b>INFORMATION REGARDING MENTAL HEALTH AND/OR SUBSTANCE USE</b>                        |  |
|  |  |
| <b>COMMUNITY SERVICE PROVIDERS AND PROGRAMS (CURRENT AND PAST INVOLVMENT)</b>          |  |
|  |  |
| <b>CURRENT/MOST RECENT SCHOOL AND IDENTIFIED SUPPORTS (FAMILY, COMMUNITY, FRIENDS)</b> |  |
|  |  |
| <b>GOVERNMENT SUPPORTS AND SUBSIDIES</b>   |  |
|  |  |
| <b>FAMILY DOCTOR, PSYCHIATRY, PRESCRIBED MEDICATIONS (IF APPLICABLE)</b>               |  |
|  |  |
| <b>SIGNIFICANT MEDICAL HISTORY OR HEALTH CONCERNS</b>                                  |  |
|  |  |
| <b>SAFETY PRECAUTIONS (WEAPONS, ASSOCIATIONS, AGGRESSION)</b>                          |  |
|  |  |
| <b>ADDITIONAL INFORMATION (INDIGENOUS STATUS, LGBTQ2+, ETC.)</b>                       |  |
|  |  |
| <b>COMPLETED BY:</b>   |  |
| <b>DATE:</b>   |  |