



Association Advocating for  
Women and Community

## Willow Project Youth Referral Form

### Referral Source

Referral Date: \_\_\_\_\_

Referring Organization: \_\_\_\_\_ Referring Staff Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Please list any other known supports working with client:

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### Client Information

Client Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender Identity: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Okay to leave a message?  Yes  No

PHN (If available): \_\_\_\_\_ Legal Guardian: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone number: \_\_\_\_\_ Safe to leave messages with?  Yes  No

Housing status (Please explain):

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Does the youth identify as Indigenous:  Status First Nations  Non-status First Nations  Metis  
 Inuit  Unknown

Past or present legal issues?  Yes  No

In the interest of this youth's safety, what are the things we should know? (Check all that apply)

- Exploitative Relationships
- Fleeing Violence or Abuse
- History of Interpersonal Violence
- History of Physical Aggression
- History of Verbal Aggression
- Homelessness
- Mental Health Concerns
- Police Interaction
- Recent Overdose/Drug Poisoning
- School non-attendance
- Substance Use
- None

Other (Please explain):

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**Is the individual aware of this referral?**  Yes  No If no, please explain why:

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**Is there anything else you would like us to know about this client?**

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**Thank you for your referral, please email completed form to [willow@awaccommunityservices.org](mailto:willow@awaccommunityservices.org) or drop off at **AWAC**.**