West Toronto Provincial Youth Outreach Worker Referral Form

Date

Referral Name i.e., person making this referral

Referral Title

Referral contact info i.e., phone/email

Youth Information

Closest intersection to home or preferred address

Preferred first name

Preferred pronoun

Age

Phone/Text

Email

Preferred contact method

Please choose ONE of the TWO options:

OPTION ONE

PYOW support provided in this language:

☐ Spanish ☐ Somali ☐ Hungarian ☐ English

OPTION TWO (brief therapy – up to 6 sessions)

Mobile Clinician (EYOW or BEYOW) support:

☐ mobile clinician ☐ black focused mobile clinician

Reason for referral e.g., needs, goals, hopes for connecting with a YOW

What are some strengths, skills and resources of this young person that we should know about?
Risk factors/safety issues:
What other supports are in place for the youth/family?
Is there anything else that we need to know to best support the young person? (ie spirituality, status, sexuality, ethnicity etc)?

Youth Consent

I consent to this referral being made to the West Toronto PYOW program.

Young person signature: _____ Date: _____

Referring worker signature: _____ Date: _____

Please note that due to the pandemic, West Toronto YOWs/EYOWs are only providing phone, text and online support. Please ensure to include best method of contact for the young person.

Please send completed and signed referral form to Abokar Mohammed, Manager of the West Toronto Youth Outreach Worker Network at abokarm@yorktownfamilyservices.com.