|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| The Risk Intervention and Prevention Project (RIPP) is a mobile, voluntary program 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 10-26 at the time of referral and reside in: Amherstburg, Essex, Kingsville, Lasalle, Windsor, Tecumseh, Belle River, Leamington or Lakeshore. | | | | | | | | | | |
| **Youth Information** | | | | | | | | | | |
| **Name** |  | | | | | | **Address** |  | | |
| **Preferred Name** |  | | | | | | **City** |  | **Postal Code** |  |
| **Date of**  **Birth** |  | |  | |  | | **Email** |  | | |
| **dd** | | **mm** | | **yyyy** | | **School Name** |  | | |
| **Gender** |  | | | | | | **Pronouns** |  | | |
| **lgbtq2+** | **Yes  No  Unsure** | | | | | | **indigenous** | **Yes  No  Unsure** | | |
| **Phone 1** |  | | | | | | **Phone 2** |  | | |
| **Can we?** | **Call** | | | **Text** | | **Voicemail** | **Can we?** | **Call** | **Text** | **Voicemail** |
| **Refferal Source** | | | | | | | | | | |
| **Name** |  | | | | | | **Agency** | **Police  Probation**  **Family  Self  School**  **Community  Other (Please Specify) :  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |
| **Phone** |  | | | | | |
| **Email** |  | | | | | |
| **Date of Referral** |  | | | | | |
| **Reason for Referral: Presenting Issues and Risk Factors** | | | | | | | | | | |
| Chronic Housing Issues  Harm to self or others  Substance Use (Confirmed or Suspected)  Family Conflict  Significant Mental Health (Diagnosis or Concerns)  Education Concerns and Specialized Needs  Justice Involvement  CAS Involvement | | | | | | | | | | |
| **Overview** | | | | | | | | | | |
| **Relevant Family Information (Family history, housing, custody agreements, CAS involvement, etc. )** | | | | | | | | | | |
|  | | | | | | | | | | |
| **Substance Use (Confirmed or Suspected)** | | | | | | | | | | |
|  | | | | | | | | | | |
| **Mental Health (Concerns or Diagnoses, Mental health service providers info, etc. )** | | | | | | | | | | |
|  | | | | | | | | | | |
| **Family Doctor, Perscribed medications, etc.** | | | | | | | | | | |
|  | | | | | | | | | | |
| **JUSTICE INVOLVEMENT (Arrests, Offences for Order, Non-Associations, Probation officer, Conditions, etc.)** | | | | | | | | | | |
|  | | | | | | | | | | |
| **Educational concerns/needs (School Name, needs, Iep, esl, maps, sal, steps, etc.)** | | | | | | | | | | |
|  | | | | | | | | | | |
| **Safety Precautions (Weapons, Associations, Aggression, Harm to self or others, etc.)** | | | | | | | | | | |
|  | | | | | | | | | | |
| **Additional Information** | | | | | | | | | | |
|  | | | | | | | | | | |
| **Completed by:** | |  | | | | | | | | |
| **Date:** | |  | | | | | | | | |