

| COMMUNITY PROGRAMS INDIGENOUS CASE WORKER REFERRAL FORM | | | |
|--|--|---|--|
| CLIENT INFORMATION | | | |
| Name | | <input type="checkbox"/> Lennox Island | |
| Date of Birth | | <input type="checkbox"/> Abegweit First Nation | |
| Contact Info | | <input type="checkbox"/> Native Council of PEI | |
| Address | | <input type="checkbox"/> Other | |
| Preferred contact Method | | <input type="checkbox"/> Non-status (Identify as Indigenous) | |
| PARENT/ GUARDIAN INFORMATION (IF YOUTH REFERRAL) | | | |
| Parent/ Guardian Name(s) | | Address: | |
| Contact Information | | Email: | |
| REASON FOR REFERRAL | | | |
| Potential Services required <input type="checkbox"/> In Court Support <input type="checkbox"/> Legal Services <input type="checkbox"/> Addiction Services <input type="checkbox"/> Mental Health <input type="checkbox"/> Employment Services <input type="checkbox"/> Justice Circles <input type="checkbox"/> Elder Support <input type="checkbox"/> Support <input type="checkbox"/> Preferred Elder | | Services Requested: | |
| <input type="checkbox"/> Youth (12+) | | <input type="checkbox"/> Adult (18+) | |
| Notes: | | Other Services Currently Involved: | |
| REFERRAL SOURCE | | | |
| Name: | | Organization | |
| Date Submitted | | Contact information | |
| PROGRAM RECOMMENDATION (TO BE COMPLETED BY PROBATION SERVICES MANAGER) | | | |
| <input type="checkbox"/> Assigned to Indigenous Case Worker <input type="checkbox"/> Referred to another agency | | <input type="checkbox"/> Not accepted <input type="checkbox"/> Other | |
| Program Recommendation Notes: | | | |
| Manager Signature | | Date | |

Please return completed referrals to
Probation Services Manager
Email: csjewell@gov.pe.ca
Fax: 902-368-4579

