



YOUTH REFERRAL FORM – EXTERNAL

The District of West Vancouver’s youth outreach workers are able to provide individual community support to youth, ages 13-18, after school, in the evenings and on the weekend (Saturday). The youth outreach workers are not clinical counsellors and will make appropriate referrals to other agencies/organizations, as needed. Youth outreach workers are also able to assist youth in getting involved in community events and activities, including out-trips.

Referral Source:

Name:	Phone:
Email:	
Position & organization/agency (if applicable):	
Signature:	Date of referral:

Has the referral been discussed with the youth?  Yes  No

If yes, briefly describe the youth’s response to the referral. If no, why has the referral not been discussed?

Youth Information:

Legal name:	Date of birth:
Preferred name:	Age at time of referral:
Preferred pronoun(s):	
Address:	
Email:	OK to email?
Phone:	OK to leave message?
Lives with (list all in home):	
School:	Current grade working on:

Concerning issues: Check the 3 most concerning issues that have led you to make this referral at this time:

- |   |  |
|---|--|
| <input type="checkbox"/> Relationship challenges (family / peers) | <input type="checkbox"/> Social isolation / lacks friends      |
| <input type="checkbox"/> Anxiety ( diagnosed / undiagnosed)       | <input type="checkbox"/> Depression ( diagnosed / undiagnosed) |
| <input type="checkbox"/> School non-attendance                    | <input type="checkbox"/> Substance use                         |
| <input type="checkbox"/> Aggression                               | <input type="checkbox"/> Police interaction                    |
| <input type="checkbox"/> Gender identity                          | <input type="checkbox"/> Self-harm                             |

Other (please list other known diagnoses): \_\_\_\_\_

**Family and community supports:**

Legal guardian:	Phone:
Email:	
Emergency contact:	Phone:
Email:	
Family doctor:	Phone:
Email:	
Social worker:	Phone:
Email:	
School support:	Phone:
Email:	
Other:	Phone:
Email:	

**Thank you for your referral. Please email completed form to: [agelz@westvancouver.ca](mailto:agelz@westvancouver.ca)**

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**For office use only:**

Has the youth been accepted for support?  Yes  No

If no, state reason and referrals made to:

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YOW assigned:	Date assigned:
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***Freedom of Information and Protection of Privacy Act Notice: personal information contained on this form is collected pursuant to the Freedom of Information and Protection of Privacy Act sections 26 (c) and 27 (b) and will be used for the purpose of administering support services. If you have any questions about the collection and use of this information please contact Legislative Services, Privacy Officer, at 604-921-3497, District of West Vancouver, 750 17th Street, West Vancouver, BC V7V 3T3***