

STRIVE REFERRAL FORM

This document and the information in it are provided in confidence, for the sole purpose of referral of client to the STRIVE program.

Agency: YWCA Career Zone/STRIVE program
Contact Person: Claire Jones
Email: cjones@ywcavan.org
Telephone: 604.619.8078
Fax: 604.605.7188
Date of Referral (dd/mm/yyyy)

CLIENT INFORMATION

REFERRAL SOURCE INFORMATION

Legal Name:	Name:
Preferred Name (if applicable):	Agency Name:
Age:	Telephone:
Gender:	Fax:
Email:	Email:
Telephone Number (cell):	Address:
(home):	
Address:	
Please specify which of the following applies: <input type="checkbox"/> Youth in Care <input type="checkbox"/> Youth out of Care <input type="checkbox"/> Youth Agreement	

ALTERNATE CONTACT INFORMATION (other than the client that we may contact)

Name:	Relationship to client:
Telephone number:	Email:

Does the client identify as an Aboriginal person, that is, First Nations, Metis or Inuit?

- Yes No Prefer not to say

EDUCATION, PLEASE SELECT THE HIGHEST LEVEL OF SCHOOLING COMPLETED:

- Less than grade 10
 Some high school (grades 10-12)
 Grade 12 graduation, GED or equivalent
Other training: _____

INCOME ASSISTANCE RECIPIENT? Yes No

PLEASE SELECT ANY BARRIERS THAT APPLY

- Lack of Stable housing
 Difficulty Coping (anxiety, loneliness, difficulty sleeping) please specify _____
 Financial Hardship (lack of food, clothing, existing debt) please specify: _____
 Risk Issues (i.e. suicide attempt, self-harm, etc.) please specify: _____
 Legal Involvement (criminal record)
 Addiction/Substance Use (If yes, please specify): _____

Comments relevant to client suitability for STRIVE can be added below. (Optional)
