



**take a hike**  
YOUTH AT RISK FOUNDATION®

## REFERRAL FORM

Application Date \_\_\_\_\_

Student's Name \_\_\_\_\_

Referred by      Family       School       Community       Probation

Name of Referring Person \_\_\_\_\_ Phone \_\_\_\_\_

### Reason for Referral

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### COMMUNITY SUPPORTS

Social Worker	_____	Phone	_____
Community Support Worker	_____	Phone	_____
Probation Officer	_____	Phone	_____
Mental Health Worker	_____	Phone	_____
Alcohol and Drug Counselor	_____	Phone	_____
Aboriginal Worker	_____	Phone	_____
Psychiatrist	_____	Phone	_____
Psychologist	_____	Phone	_____
Forensics	_____	Phone	_____

## ACADEMIC SUPPORTS:

Educational Psychologist \_\_\_\_\_ Phone \_\_\_\_\_

School Based Team Member \_\_\_\_\_ Phone \_\_\_\_\_

Learning/Resource Teacher \_\_\_\_\_ Phone \_\_\_\_\_

Tutorial Services Used \_\_\_\_\_ Phone \_\_\_\_\_

Other Educational Supports \_\_\_\_\_ Phone \_\_\_\_\_

**By signing and completing this form, I give Take-A-Hike Youth At Risk Foundation consent to contact the support persons and agencies listed to obtain information deemed relevant in order to develop an effective therapeutic and academic plan. I understand that whatever information is discussed will be kept confidential within the TAH support team.**

**Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Print Name** \_\_\_\_\_

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_