

## Some Other Solutions (SOS) Community Outreach Programs Referral Form

Referral Contact Information			
<b>First Name</b>		<b>Last Name</b>	
<b>Phone Number</b>		<b>Email</b>	
<b>Referral Source</b>	<input type="checkbox"/> Parent/Guardian <input type="checkbox"/> School <input type="checkbox"/> Community Services <input type="checkbox"/> Alberta Health Services <input type="checkbox"/> Self-referral <input type="checkbox"/> Children Services <input type="checkbox"/> Other	<b>Program Child/Youth is being Referred to</b>	<input type="checkbox"/> Mentoring (1-1) <input type="checkbox"/> Mentoring (Group) <input type="checkbox"/> Heart of the Matter (Group) <input type="checkbox"/> Heart of the Matter (1-1) <input type="checkbox"/> Community Helpers Program <input type="checkbox"/> Mindfulness <input type="checkbox"/> Friendship (Group)
<b>* If you are a community partner/agency or a school staff member and are looking for Junior Mentors, Community Helpers, Mindfulness or an Interactive Workshop/Presentation skip filling out the rest of the form and submit.</b>			

Youth Information			
<b>First Name</b>		<b>Last Name</b>	
<b>DOB (mm/dd/yyyy)</b>		<b>Gender</b>	
<b>School</b>		<b>Grade</b>	
<b>Medical/Health Concerns</b>		<b>What is your cultural heritage?</b>	<input type="checkbox"/> Indigenous <input type="checkbox"/> Francophone <input type="checkbox"/> Newcomer <input type="checkbox"/> None of the above <input type="checkbox"/> Prefer not to answer
<b>What community do you live in?</b>	<input type="checkbox"/> Fort McKay <input type="checkbox"/> Fort McMurray <input type="checkbox"/> Anzac <input type="checkbox"/> Fort McMurray First Nations 468 <input type="checkbox"/> Janvier <input type="checkbox"/> Chard <input type="checkbox"/> Conklin <input type="checkbox"/> Other Community in Wood Buffalo		

Referral Information
<b>Please Describe why this child/youth currently needs support</b>
<b>What are you and the child/youth hoping to achieve as an outcome of participating in Some Other Solutions Mentoring Program?</b>

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**Youth is Displaying the Following Behaviours (Check all that apply)**

<input type="checkbox"/> Alcohol/Drugs/Substance Abuse <input type="checkbox"/> Anger Management <input type="checkbox"/> Anxiety <input type="checkbox"/> Difficulty accepting criticism <input type="checkbox"/> Defiance <input type="checkbox"/> Difficulty planning ahead <input type="checkbox"/> Family Concerns <input type="checkbox"/> Social/Peer Issues <input type="checkbox"/> Poor Organizational Skills <input type="checkbox"/> Lack of Community/Program Connections	<input type="checkbox"/> Understanding social expectations <input type="checkbox"/> Threatens or bullies' others <input type="checkbox"/> Coping with bullies <input type="checkbox"/> Self-Regulation <input type="checkbox"/> Self-Abuse/Harm <input type="checkbox"/> Suicidal Ideation <input type="checkbox"/> Lying/stealing <input type="checkbox"/> Sadness <input type="checkbox"/> Obsessiveness <input type="checkbox"/> Parent/Teen Conflict	<input type="checkbox"/> Family Breakup <input type="checkbox"/> Family Violence <input type="checkbox"/> Divorce/Separation <input type="checkbox"/> Mental Health Concerns <input type="checkbox"/> Poverty <input type="checkbox"/> Grief and Loss <input type="checkbox"/> Other: _____  _____ _____
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**Please list any other relevant information:**

**Parent/Caregiver Information**

<b>First Name</b>		<b>Last Name</b>	
<b>Relationship to Youth</b>		<b>Phone Number</b>	
<b>Email</b>			

**Emergency Contact**

<b>Name:</b>	<b>Relation to Youth:</b>	<b>Phone Number:</b>

I, \_\_\_\_\_, am the parent or legal guardian of \_\_\_\_\_.  
 (Parent/Guardian Name) (Youth's Name)

I have read all information regarding SOS Community Outreach Programs and agree that it will benefit my child and would like for them to participate. I understand all rules and boundaries set before the school and SOS.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



### Media Release Policy Agreement

I, \_\_\_\_\_ hereby grant Some Other Solutions the right to reproduce, use, exhibit, display, broadcast, distribute and create derivative works of the photographed images of my child for use in connection with the activities of Some Other Solutions or for promoting, publicizing or explaining the Some Other Solutions or its activities. This media release includes, without limitation, the right to publish such images in the Some Other Solutions promotional materials, such as, but not limited to marketing admissions, publications, advertisements, fund-raising materials and any other Some Other Solutions related publication. These images may appear in any of the wide variety of formats and media now available to Some Other Solutions and that may be available in the future, including but not limited to print, broadcast, video, CD-ROM and electronic/online media.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*Please note** that our Community Outreach Workers are not Therapists, Counsellors, or Tutors. They are Mentors who help encourage and guide the youth with everyday struggles.

Sincerely,

**Community Outreach Manager**

Some Other Solutions: Society for Crisis Prevention

780-743-8605 ext. 105