

**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	
Call or text		<input type="checkbox"/> Non-status (Identify as Indigenous)	
PARENT/ GUARDIAN INFORMATION (IF YOUTH REFERRAL)			
Parent/ Guardian Name(s)		Address:	
Phone Number		Email:	
REASON FOR REFERRAL			
Potential Services required <input type="checkbox"/> In Court Support <input type="checkbox"/> Legal Services <input type="checkbox"/> Addiction Services Navigation <input type="checkbox"/> Mental Health Navigation <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

