



SPHÈRES

SPHERES PROGRAM

Reference form

YOUR CONTACT INFORMATION

FIRST NAME	LAST NAME	PRONOUNS
<input type="text"/>	<input type="text"/>	<input type="text"/>
PHONE NUMBER	EMAIL	JOB TITLE
<input type="text"/>	<input type="text"/>	<input type="text"/>

INFORMATION ABOUT THE REFERRED PERSON

FIRST NAME	LAST NAME	PRONOUNS
<input type="text"/>	<input type="text"/>	<input type="text"/>
DATE OF BIRTH	TERRITORY/NEIGHBORHOOD	
<input type="text"/>	<input type="text"/>	

CONTACT INFORMATION OF THEIR CASEWORKER

FIRST NAME :	_____	LAST NAME :	_____
PHONE NUMBER :	_____	EMAIL :	_____

COMPLETE THIS SECTION IF THE REFERRED PERSON **IS HOUSED** IN A REHABILITATION CENTER

CENTER/GROUP HOME	UNIT	PHONE NUMBER
<input type="text"/>	<input type="text"/>	<input type="text"/>
NAME OF THEIR EDUCATOR	EMAIL	
<input type="text"/>	<input type="text"/>	

COMPLETE THIS SECTION IF THE REFERRED PERSON **IS NOT HOUSED** IN A REHABILITATION CENTER

PHONE NUMBER	WHOSE PHONE NUMBER IS THIS?
<input type="text"/>	<input type="checkbox"/> PERSONAL <input type="checkbox"/> OTHER : _____
CONTACT PREFERENCE	CAN WE LEAVE A VOICEMAIL?
<input type="checkbox"/> CALL <input type="checkbox"/> TEXT MESSAGE	<input type="checkbox"/> YES <input type="checkbox"/> NO

Brief summary of the referred person's situation :

Reasons why you wish to refer them to the Spheres program specifically.

Has a signalement related to the situation for which you want to refer this person already been filed?

A signalement must have been filed prior to admission to the Spheres program.

- YES, THE SIGNALEMENT HAS BEEN RETAINED AS OF : _____.
- YES, BUT THE SIGNALEMENT HAS NOT BEEN RETAINED.
- NO

Does the referred person appear to want to make a change in their life?

Inquiries, ambivalence, willingness to discuss sexual exploitation, etc.

- YES
- NO

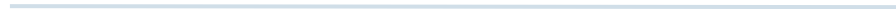
Can we contact the referred person now to introduce them to the Spheres program?

Awareness of the program and your intention to refer them.

- YES, THEY ARE WAITING FOR YOUR CALL.
- YES, BUT THEY ARE NOT AWARE OF THE PROGRAM AND/OR MY INTENTION TO REFER THEM.
- NO, BECAUSE : _____.

Other relevant information that could prompt the Spheres psychosocial worker to tailor their presentation of the program:

Mental health issues, ethnocultural considerations, general functioning, etc.



Please return this form to the email address coordospheres@enmarge1217.ca. A confirmation email will be sent to you as soon as the referral is processed.