

FOR INTERNAL USE ONLY – OUTCOME REPORT				
Program Outcom	e: completed	failed to complete		
Confirmed by:Date:				

CONNECT. INSPIRE. ACHIEVE.

REFERRAL FORM - YOUTH CANNABIS DIVERSION PROGRAM

Youth's Information (referrals can be made for any individual ages 12-18)					
Last Name:First Name:					
Address:	City:	Postal Code:			
Date of Birth (yyyy/mm/dd):	_Age:P	referred Gender Identity:			
Contact Number(s):	Emai	:			
Alternate Contact Name (optional)	_	Alternate Contact Phone/Email (optional)			
Referral Source Information:					
Appropriate Law Enforcement Personnel – as a diversion measure under provincial cannabis legislation					
Prosecutor *Please indicate Court ICON#:					
Court *Please indicate Court ICON#:					
Other (please specify)					
Name of Referring Person:		Job Title/Badge #:			
Organization Name:					
Contact Number(s): Email:					
Referral Notes/ Ticket # (if applicable):					
Youth Consent to Program (For Law En	forcement Per	sonnel and Prosecutor Referrals Only):			
wish to be considered for the Youth Cannabis Diversion Program. The program has been explained to me and I understand it. I agree to participate in the online program and to contact the Program Coordinator, Springboard at 1-833-615-0788 (within five days) to receive log-in instructions. I understand that my personal information will be released to the Program Coordinator at Springboard so that I can participate in the Youth Cannabis Diversion Program. (<i>Questions about this collection should be directed to the referral source, as noted above.</i>)					
Signature of Youth	Date Signed	Signature of Referring Person			

Once COMPLETED, please EMAIL, FAX or MAIL Referral Form to:

Springboard

2568 Lawrence Avenue East, Scarborough, ON M1P 2R7

Fax: 647-436-7741 Phone: 1-833-615-0788 Website: www.springboardservices.ca

1 Copy for Referring Person

1 Copy for Young Person

1 Copy for Springboard