



225 E 2nd Street
North Vancouver, BC V7L 1C4
T: 604 987 8138
F: 604 987 2107

Youth Services Intake Form (Private and Confidential)

Youth Outreach Worker Involved: _____

Name of Youth (First and Last name): _____

Date of Birth: _____

Address: _____ **Phone:** _____

School/Grade: _____ **Counsellor:** _____

Parent/Guardian: _____

Parent Contact information: (Address/Phone Number/Cell Number: May have different addresses)

Parent 1: _____

Parent 2: _____

Emergency Contact: _____

Referred By (Name/Title/Phone Number): _____

Date of Referral (mm/dd/yyyy): _____

Please indicate any relevant information that may be important pertaining to this client:

- **Past or Current Community Services/Supports Involved**
- **Family Members/In Care w/ MCFD (Identity of Social Worker if known)**
- **Issues and Concerns warranting need for support from a Youth Outreach Worker**
- **Relevant history pertaining to issues/recent significant changes in the client's life**
- **Medical Concerns/Mental Health/Substance Use**
- **Criminal Justice Issues**

**Additional
Information:** _____
