

AGINCOURT COMMUNITY SERVICES ASSOCIATION

4155 Sheppard Ave E., Suite 100, Scarborough, ON M1S 1T4 • T: 416-321-6912 • F: 416-321-6922 • www.agincourtcommunityservices.com

Taking Action to Achieve Growth & Success (TAAGS) Referral

Referral Date: _____ Referral Source: _____
 Youth Name: _____
 Date of Birth: _____ School: _____
 Gender: Male Female
 Address: _____ Postal Code (Mandatory): _____
 Phone Number (Youth): _____ Phone Number (Other): _____
 E-mail: _____

Is the young person aware a referral has been made? Yes No
(The young person must provide consent and be informed of the referral)

Is the young person's family/guardian aware a referral has been made?
 Yes No

Key People and Contact Information:

| Relationship | Name | Phone # | E-Mail |
|---------------------------|------|---------|--------|
| Parent/Guardian/Caregiver | | | |
| Parent/Guardian/Caregiver | | | |
| Support Person | | | |
| Support Person | | | |
| Additional Contact: | | | |

Reasons for Referral:

| Current Presenting Behaviors/Challenges | YES | NO | DON'T KNOW |
|---|--------------------------|--------------------------|--------------------------|
| Police Contacts or Arrests | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| One or more police contacts/arrests with no charges | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| One or more criminal arrest/charge currently before the courts | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| One or more criminal charge, currently on suspended community sentence | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| One or more criminal charge, sentenced to institution/facility | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Evidence of Substance Use | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Evidence of Substance Abuse (Use of substances interferes with daily activities) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Diagnosed mental health disorder If Yes, Please Detail: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Evidence of mental health disorder without diagnosis | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Evidence of physical aggression (with or without injury) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Evidence of non violent aggression | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Youth self reports of mental health challenges | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is the youth currently involved with any community programming or agency support? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

ACSA Main Office
 4155 Sheppard Ave East,
 Suite 100
 Toronto, Ontario, M1S 1T4
 Tel: 416-321-6912
 Fax: 416-321-6922

ACSA Child and Family Centre
 4139 Sheppard Ave East
 Toronto, Ontario, M1S 1T1
 Tel: 416-299-9872

ANC Steeles-L'Amoreaux
 331 Glendower Circuit, Unit 6
 Toronto, Ontario, M1T 2T7
 Tel: 416-609-9393
 Fax: 416-609-3896

Chester Le Community Corner
 201 Chester Le Blvd, 2nd Floor
 Toronto, Ontario, M1W 2K7
 Tel: 416-491-3456
 Tel: 416-491-1686

Dorset Park Community HUB
 1911 Kennedy Rd, Unit 105
 Toronto, Ontario, M1P 2L9
 Tel: 416-292-6912
 Fax: 416-292-6913



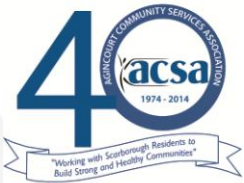
Citizenship and Immigration Canada

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Ontario





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| Family Risk/Protective Factors | YES | NO | DON'T KNOW |
|---|--------------------------|--------------------------|--------------------------|
| Youth currently residing in family home | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Youth self reports positive relationship with family member(s) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Family is characterized as warm, nurturing and sensitive to youth's struggles | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Family is able to provide adequate supervision | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| History of family violence | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| History of family police involvements (charges, arrests) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Family is willing to engage in TAAGS programming with Youth | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| School Involvement Characteristics | YES | NO | DON'T KNOW |
|---|--------------------------|--------------------------|--------------------------|
| Not enrolled in school (over age)- proceed to next section | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Expelled or dropped out of formal education | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Attending alternative school setting-not mainstream | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Multiple suspensions for problem behaviour | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Poor relationships with school staff | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Attendance problems-risk of expulsion | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Academic problems-risk of failure | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| Community Peer Relationships | YES | NO | DON'T KNOW |
|---|--------------------------|--------------------------|--------------------------|
| Gang membership or strong affiliation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| High affiliation with mostly antisocial peers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Mixed antisocial and pro-social peers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Low affiliation with pro-social peers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Contact Information:

Please send referrals to Joanne Barnes, Project Manager at 416-491-1686 (F) or joanne@agincourtcommunityservices.com

Any inquires can be made directly to Joanne at the above email address or by contacting 647-218-6912.

FOR OFFICE USE ONLY:

- Accepted for TAAGS Services
- Wait List, Approximate Date of Admission: _____
- Not Accepted:

- Inappropriate for TAAGS Service
- Service Not Available
- Other Reason: _____



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