



SPHERES PROGRAM

Reference form

DATE : _____

YOUR CONTACT INFORMATION

FIRST NAME	LAST NAME	PRONOUNS
_____	_____	_____
PHONE NUMBER	EMAIL	JOB TITLE
_____	_____	_____

INFORMATION ABOUT THE REFERRED PERSON

FIRST NAME	LAST NAME	PRONOUNS
_____	_____	_____
GENDER	DATE OF BIRTH	SCHOOL
_____	_____	_____

CONTACT INFORMATION OF THEIR CASEWORKER

FIRST NAME : _____ LAST NAME : _____
PHONE NUMBER : _____ EMAIL : _____
TEAM/TERRITORY : _____

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

CENTER/GROUP HOME	UNIT	PHONE NUMBER
_____	_____	_____
NAME OF THEIR EDUCATOR	EMAIL	
_____	_____	

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

PHONE NUMBER	WHOSE PHONE NUMBER IS THIS?
_____	<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

To your knowledge, has the referred person exchanged sexual services in a context of sexual exploitation?

The exchange of sexual services in a context of sexual exploitation refers to any exchange of sexual services in return for a material, financial, or other benefit, characterized by the absence of free, informed, enthusiastic, and ongoing consent. Since the Spheres program is intended for young people who have experienced or are currently experiencing sexual exploitation, a person considered to be at risk will be referred to other services.

- YES
- NO
- I DON'T KNOW

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
- I DON'T KNOW

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

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

- YES
- NO
- I DON'T KNOW

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.
- NO, BECAUSE : _____.

Brief summary of the referred person's situation :

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

What services is the referred person receiving in relation to this issue?

Psychotherapy, CRD, PQJ/SOA, etc.

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.

DO NOT FILL OUT – SECTION RESERVED FOR THE SPHERES TEAM

NOM DE L'INTERVENANT·E SPHÈRES : _____

DATE DE LA RENCONTRE DE PRÉSENTATION DU PROGRAMME : _____

RAISON DE LA NON ADHÉSION AU PROGRAMME : _____