



Yukon Community Wellness Court

Referral Form

Date: _____

Name of client: _____

Address: _____ Telephone: _____

1) I recommend that the above named person be considered a candidate for the Community Wellness Court. It is my belief that they have one or more of the following (please check all that apply):

- | | | | |
|--------------------------|---------------|--------------------------|-------------|
| <input type="checkbox"/> | Addiction | <input type="checkbox"/> | FASD |
| <input type="checkbox"/> | Mental Health | <input type="checkbox"/> | Other _____ |

2) Is this person in custody?

- Yes No

3) Do you believe this person would benefit from having a support person?

- Yes No

If yes, who should the CWC contact as a support person? (Please indicate contact information, or indicate the nature or kind of support you think this person would benefit from, including First Nations support.)

Name of person referring

Signature

Agency/Service