# **Goal Planning Service** or GPS is a case management program staffed by Youth Resource Workers. YRWs support youth 1:1 with goal planning, capacity building and making connections to needed resources to meet established goals. The program is suited for youth 29 and under who are ready to agree to a service plan and work towards achieving SMART goals. Referrals are accepted on an ongoing basis.

# Please email this form to [gps@sherbourne.on.ca](mailto:gps@sherbourne.on.ca); the youth or the referring person will hear from us within 48 business hours.

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| **Referral Source information** | | |
| Name: Click or tap here to enter text. | Email: Click or tap here to enter text. | Phone number: Click or tap here to enter text. |
| Agency: Click or tap here to enter text. | Reason for referral: Click or tap here to enter text. | Did the youth provide consent for this referral? ☐Yes ☐ No  If yes, can the youth be contacted directly by Sherbourne Youth Resource Worker? ☐Yes ☐ No |
| Are you still involved with the youth? ☐ Yes ☐ No  If yes, what services do you offer? Click or tap here to enter text. | | |
| **Youth Information** | | |
| Name: Click or tap here to enter text. | Pronouns: Click or tap here to enter text. | Age: Click or tap here to enter text. |
| Email: Click or tap here to enter text. | Phone number: Click or tap here to enter text. | Is it safe to leave a voicemail?  ☐Yes ☐No |
| Is the youth homeless? ☐ Yes ☐ No  Housing services youth has received up to date: Click or tap here to enter text. | Does the youth need an interpreter? ☐Yes ☐ No If yes, please indicate the youth’s preferred language. Click or tap here to enter text. | Was the youth involved with Children’s Aid Society? ☐Yes ☐ No  If yes, when was the last interaction? Click or tap to enter a date. |
| **Program Suitability Screening**  The goal planning services are contingent on youth being attached to a service plan. | | |
| Is the youth willing to commit to a service plan to address their goals? ☐Yes ☐ No  If no, please provide reason(s): Click or tap here to enter text. | Please specify which of the following this youth needs assistance with. Chose all that apply!  housing  mental health  food security  transitioning  physical health  relationship issues  racism and discrimination  financial planning  legal issues  Employment  Life skills  ID  Immigration and settlement  addiction  education and skills training  Other Please specify | |
| Does the person require a safety plan?  Yes  No | | |
| Is there anything else you would like to share that is important for us to know to best assess and support this youth? Click or tap here to enter text. | | |