# **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; 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 ☐ NoHousing 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 ☐ NoIf 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 ☐ NoIf 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. |