



Mi'kmaw Legal Support Network  
Indigenous Youth Justice Project

**REFERRAL SHEET**

Please complete and include release of information, once completed send to: admin@mlsn.ca

***Youth Information***

Last Name: \_\_\_\_\_ Given Names: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Preferred Pronouns: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Email: \_\_\_\_\_



***Parent/Guardian Information***

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_



*Summary of youth's involvement with Mi'kmaw Family & Child Services and/or the law or if no involvement with the law, the summary of risk factors (Please include information you feel is relevant, such as charge/s, offence date, next court date, location, lawyers contact information {if available})*

---

---

- Substance Abuse
- School Issues
- Work Issues
- Poverty
- Homelessness
- Criminally Involved Peers
- Other, please specify: \_\_\_\_\_



***Referral Information***

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Organization (Position/Title): \_\_\_\_\_ Date of Referral: \_\_\_\_\_

- PCC (Permanent Care & Custody)
- AFC (Alternative Family Care)
- TCC (Temporary Care & Custody)
- MCLP or Other, please specify: \_\_\_\_\_