



## Turn Around Program Referral Form

Dorie's House Youth Empowerment Strategy Outreach Program is pleased to offer a rotating, 6-week Life Skills workshops designed for Youth. These educational workshops are developed to meet the needs of Youth with risk-taking behaviours that may lead to entry into, or contribute to recidivism, within the Criminal Justice System. With Glasser's Choice Theory as a foundation, we focus on building resiliency and accountability with our participants.

These sessions are by **registration only**, and will run on Thursday evenings from 6:30pm-9:30pm. Sessions will be held at Dorie's House (Basement entrance- 205 Herbert St. E, Swift Current). Full participation in all sessions is required to receive a certificate of completion. Accommodations or adjustments to programming may be made on a case by case basis.

Session	Topic
Session 1	Quality World & Meeting Our 5 Basic Needs
Session 2	Attitudes, Behaviours & Emotional Wellbeing
Session 3	Relationships with Family, Peers & Community
Session 4	Substance Use
Session 5	School, Work & Money
Session 6	Living Arrangements & Future Plans

At Dorie's House we empower youth towards independence through skill building, by connecting them with family and community, and encouraging them to make positive choices around substance use, mental health, and safe shelter.

Please feel free to contact Outreach Coordinator, Meghan Hanna at [yes@southwestyes.com](mailto:yes@southwestyes.com) should you require any further information.

Sincerely, Meghan Hanna



### Turn Around Program Referral Form

Please forward referral to:

Attn: Meghan Hanna

Email: [yes@southwestyes.com](mailto:yes@southwestyes.com) or Fax: (306) 773-0567

Youth Referral Information	
Name	
Age/Date of Birth	
Telephone/Email	
Address	
Referral Information <input type="checkbox"/> Is the participant aware of referral? _____  <input type="checkbox"/> Does the participant agree to be contacted in regards to the referral? _____  <input type="checkbox"/> Please advise of any allergies or pertinent medical information. _____	Briefly explain the youth's current situation and reason for referral.
Caregiver Information	
Name/Relationship	
Telephone/Email	
Address (if different from youth)	
<input type="checkbox"/> Aware of Referral <input type="checkbox"/> Pertinent Information	Other pertinent information:



Referral Agent Information	
Name	
Role/Organization	
Relationship to Participant	
<input type="checkbox"/> Is follow up required? <input type="checkbox"/> Is confirmation of completion required?	
Telephone/Email	