



DTES Youth Outreach Team Referral Form

The Downtown Eastside Youth Outreach Team (YOT), is located at 786 Powell st. on the second floor. It is a multi-disciplinary team that provides outreach and temporary clinical/support services with the goal of engaging hard-to-reach youth, establishing rapport, trust and bridging youth to longer term services.

- Living within the DTES area
- The target population are vulnerable and hard-to-reach youth between the ages of 15 to 24 who are:

Homeless and/or unstably housed; Have complex mental health and/ or substance use and/ or complex physical health needs; Are not accessing services elsewhere and/or who are not well connected to care.

All completed referrals should be sent to DTES YOT:

Phone: 604-675-3550
Email: dtesyouthoutreach@vch.ca
Fax: 604-251-0623

Date:		
Name of Person Making Referral:		Role:
Agency Name:		
Agency Address:		
Phone #:	Email:	Fax:
Will you continue to work with this client ? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Please list any other professionals who will continue to support client:		
CLIENT INFORMATION		
Legal Name:		Preferred Names:
Date of Birth (DD/MM/YY):		Personal Health Number (PHN):
Age:		Gender Identity:
Street Address:		
City:	Province:	Postal Code:
Phone #:	Okay to Leave Message? Yes <input type="checkbox"/> No	Email:
Emergency Contact:		
Name:	Phone:	Relationship:
Legal guardian (if applicable):		
Name:	Relationship:	Phone:
CULTURAL INFORMATION		
Does the youth identify as Indigenous?: <input type="checkbox"/> Indigenous <input type="checkbox"/> Non-Indigenous <input type="checkbox"/> Unknown <input type="checkbox"/> No response		
Indigenous Identity Group (check all that apply): <input type="checkbox"/> First Nations <input type="checkbox"/> Metis <input type="checkbox"/> Inuit <input type="checkbox"/> Unknown <input type="checkbox"/> Outside of Canada <input type="checkbox"/> No response		
Status: <input type="checkbox"/> Has status <input type="checkbox"/> Non-status <input type="checkbox"/> Pending status <input type="checkbox"/> No response		
Living: <input type="checkbox"/> On reserve <input type="checkbox"/> Off-reserve		
Status Number:	Band:	

Source of income (e.g PWD, IA, no source of income):

Why is this client being referred to DTES YOT and what are their current goals?

What are the barriers that client is currently facing:

Current and Past Substance Use History:

Current Housing Situation , if homeless where can the client be found? :

Client identifiers (e.g. physical description, visible tattoos, etc.):