



springboard

CONNECT INSPIRE ACHIEVE

**FOR INTERNAL USE ONLY – OUTCOME REPORT**

Program Outcome:  completed  failed to complete

Confirmed by: \_\_\_\_\_ Date: \_\_\_\_\_  
Springboard Staff Name (print), Signature

**REFERRAL FORM - YOUTH CANNABIS DIVERSION PROGRAM**

**Youth's Information** (referrals can be made for any individual ages 12-18)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Date of Birth (yyyy/mm/dd): \_\_\_\_\_ Age: \_\_\_\_\_ Preferred Gender Identity: Gender variant/non-conforming

Contact Number(s): \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_  
Alternate Contact Name (optional)

\_\_\_\_\_  
Alternate Contact Phone/Email (optional)

**Referral Source Information:**

- Appropriate Law Enforcement Personnel – as a diversion measure under provincial cannabis legislation
- Prosecutor \*Please indicate Court ICON#: \_\_\_\_\_
- Court \*Please indicate Court ICON#: \_\_\_\_\_
- Other (please specify) \_\_\_\_\_

Name of Referring Person: \_\_\_\_\_ Job Title/Badge #: \_\_\_\_\_

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

Contact Number(s): \_\_\_\_\_ Email: \_\_\_\_\_

Referral Notes/ Ticket # (if applicable): \_\_\_\_\_

**Youth Consent to Program (For Law Enforcement Personnel and Prosecutor Referrals Only):**

I \_\_\_\_\_ wish to be considered for the Youth Cannabis Diversion Program. The program has been explained to me and I understand it. I agree to participate in the online program and to contact the Program Coordinator, Springboard at **1-833-615-0788** (within five days) to receive log-in instructions.

I understand that my personal information will be released to the Program Coordinator at Springboard so that I can participate in the Youth Cannabis Diversion Program. (*Questions about this collection should be directed to the referral source, as noted above.*)

\_\_\_\_\_  
Signature of Youth

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature of Referring Person

**Once COMPLETED, please EMAIL, FAX or MAIL Referral Form to:**

**Springboard**  
2568 Lawrence Avenue East, Scarborough, ON M1P 2R7  
Email: [saveurbrain@springboardservices.ca](mailto:saveurbrain@springboardservices.ca)  
Fax: 647-436-7741 Phone: 1-833-615-0788  
Website: [www.springboardservices.ca](http://www.springboardservices.ca)

1 Copy for Referring Person

1 Copy for Young Person

1 Copy for Springboard

**CAUTION: This record may contain information about a young person as defined in the Provincial Offences Act and whose identity is subject to publication restrictions set out in the Act. The penalty for violation may result in a fine of up to \$10,000.**