



Sunshine Coast Youth Program (SCYP)

The Sunshine Coast Youth Program (SCYP) is an integrated service for youth aged 12 to 24 who have diverse and complex needs linked to persistent and substantial substance use as well as co-occurring mental health issues. The SCYP provides a family and client centered integrated, trauma and violence informed, harm reduction approach to mental health and substance use across the Sunshine Coast. The SCYP aims to target both youth with high care needs who are not engaged with services as well as youth with high care needs who frequently use available services but whose needs have not been adequately served.

** Please note that SCYP is not a crisis team*

The target population for the SCYP consists primarily of youths:

- Residing on the Sunshine Coast (Langdale to Egmont).
- From 12 to 24 years old.
- With complex needs including substance use, cognitive disabilities, homelessness, high risk behaviors or mental health challenges.
- In need of wrap around services (Clients who are already supported by a multidisciplinary team will be considered on a case by case basis).
- That would benefit from improved continuity of care (including engagement in their own care + improved communication between the members of their care team).

If available, please also include any recent and/or relevant documents or assessments.

For support in completing this referral form or if you have any general questions,
please contact : SCYP@vch.ca

All completed referrals should be sent to:

Office: 604-885-6101
Mon-Fri: 8:30-4:30
Email: SCYP@vch.ca
Fax: 604-885-5842

YOUTH (SCYP) REFERRAL FORM

Office Use Only
Paris ID #: _____
Date Received: _____

COVER SHEET

Date:

Name of Person Making Referral:

Role:

Agency Name:

Agency Address:

Phone #:

Email:

Fax:

Will you continue to work with this client ?

Yes 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?

Email:

Yes No

Emergency Contact:

Name:

Phone:

Relationship:

Legal guardian (if applicable):

Name:

Relationship:

Phone:

CULTURAL INFORMATION

Do you identify as Indigenous?:

Indigenous Non-Indigenous Unknown No response

Indigenous Identity Group (check all that apply):

First Nations Metis Inuit Unknown Outside of Canada Sechelt Nation

Status: Has status Non-status Pending status No response

Living: On reserve Off-reserve

Status Number:

Band:

Client Name:

Referral Date:

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

What are the barriers that client is currently facing:

Current and Past Substance Use History:

Current Housing Situation and Best Ways to Connect:

Anything else you would like us to know?