



RAPS Referral form

The Resolving Adolescent – Parent Strife (RAPS) program is a family service focused on negotiation and conflict resolution when:

- A Section 10 agreement is in place
- The youth is 16 yrs or older
- All involved family members have been encouraged to attend
- There is a desire to rebuild the ruptured relationships

When only the youth will be attending, the goal is to establish a healthy and secure living situation.

Mother \_\_\_\_\_ Father \_\_\_\_\_

Address \_\_\_\_\_

Phone: H/Cell Mother \_\_\_\_\_

Contact OK?  Yes  No

Father \_\_\_\_\_

Contact OK?  Yes  No

Work Mother/Father \_\_\_\_\_

Contact OK?  Yes  No

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

D.O.B \_\_\_\_\_

Contact Information \_\_\_\_\_

Are other agencies involved?  Yes  No If so, which ones?

Presenting Problem:

Background Information:

Specific Goals:


Are parents/guardian willing to participate?  Yes  No


Is the youth willing to participate?  Yes  No


Date of Referral \_\_\_\_\_


Referring Worker \_\_\_\_\_

Phone # \_\_\_\_\_

 306-525-0521

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