

COMMUNITY YOUTH JUSTICE RESIDENTIAL ATTENDANCE PROGRAM REFERRAL

Liaison P.O.: _____ Date Received: _____ Approved Not Approved
Comments: _____

This referral is being directed to: _____
Name of Program

Youth's Name: _____ Ph#: (____)-_____

Address: _____
Street City Postal Code

Family Doctor: _____

D.O.B.: ____/____/____ Age: ____ BC Medical #: _____
Month Day Year

Status #: _____ Dentist: _____
(if applicable)

Male Female
 Native Non-Native Other Ethnic Origin _____

Characteristics: Height: _____ Weight: _____ Hair: _____ Eyes: _____ Build: _____

Parent/Guardian: _____ Ph# (____)-_____

Address: _____
Street City Postal Code

Social Worker: _____ Ph#: (____)
(if applicable)

Is the youth in care as defined by the *Child, Family and Community Services Act*?
No Yes
 Specify _____

Who is the emergency contact person? _____
Name Relationship

Ph# (____)-_____

Referring P.O.: _____ Office: _____

Ph#: (____)-_____ Fx#: (____)-_____ Referral Date: _____

	No	Yes	Unknown
Parents cover for youth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Permissive parenting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Problem(s) involving step-parent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inconsistent use of discipline	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical fights between youth and parents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual Abuse concerns:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you discussed this referral with the youth?	<input type="radio"/>	<input type="radio"/>	
Have you discussed this referral with the youth's family?	<input type="radio"/>	<input type="radio"/>	
Has transportation to the program been arranged?	<input type="radio"/>	<input type="radio"/>	
Has the youth been diagnosed with any of the following?			
ADHD (<i>Attention Deficit Hyperactivity Disorder</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ADD (<i>Attention Deficit Disorder</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
RAD (<i>Reactive Attachment Disorder</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
FAS (<i>Fetal Alcohol Syndrome</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
FAE (<i>Fetal Alcohol Effect</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
OCD (<i>Obsessive Compulsive Disorder</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oppositionally Defiant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Depression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mood Disorder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anxiety Disorder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Psychosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (specify) _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Education

	No	Yes
Is the youth currently enrolled in school?	<input type="radio"/>	<input type="radio"/>

If yes, please indicate the following:

 Current or last school attended: _____

 Ph# _____ Fax# _____

 Last Grade Completed: _____ Year: _____

