



The information collected on this form is collected under the authority of and will be used for the purposes of administering the *Youth Criminal Justice Act* and the *Youth Justice Act*. Any questions about the collection, use or disclosure of the information should be directed to the Youth Justice Policy and Program Support Branch, (250) 356-1838, PO Box 9717, Stn Prov Govt, Victoria, B.C. V8W 9S1.

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

Comments: _____

This referral is being directed to: _____

NAME OF PROGRAM

| | | | | |
|---|-------------------|--------------|--|-------|
| NAME OF YOUTH | PHONE () | BC MEDICAL # | BIRTH DATE (YY/MM/DD) | AGE |
| ADDRESS | | CITY | POSTAL CODE | |
| GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female | ETHNIC ORIGIN | | ABORIGINAL STATUS NUMBER (IF APPLICABLE) | |
| HEIGHT | WEIGHT | HAIR | EYE COLOUR | BUILD |

YOUTH'S CONTACTS INFORMATION

PARENT/GUARDIAN

| | | |
|---------|------------------------|------------------------|
| NAME | HOME PHONE () | WORK PHONE () |
| ADDRESS | CITY | POSTAL CODE |

Is the youth a "Child in Care" (CIC) as defined by the *Child, Family and Community Service Act*? ☐ NO ☐ YES If yes, please specify: _____

SOCIAL WORKER (if CIC)

| | | |
|--------------------|------------------------|-----------------|
| SOCIAL WORKER NAME | WORK PHONE () | FAX () |
|--------------------|------------------------|-----------------|

EMERGENCY CONTACT

| | | |
|------|--------------|-------------------|
| NAME | RELATIONSHIP | PHONE () |
|------|--------------|-------------------|

MEDICAL CONTACT(S)

| | | | |
|-----------------------|------------------------|--------------|------------------------|
| FAMILY PHYSICIAN NAME | WORK PHONE () | DENTIST NAME | WORK PHONE () |
|-----------------------|------------------------|--------------|------------------------|

REFERRING PROBATION OFFICER

| | | |
|----------------|------------------------|-----------------|
| NAME | WORK PHONE () | FAX () |
| OFFICE ADDRESS | CITY | POSTAL CODE |

YOUTH'S BEHAVIOUR

Does the youth display any of the following behaviours:

| | No | Yes | Unknown |
|--|--------------------------|--------------------------|--------------------------|
| Running away? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Prostitution? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Eating disorders? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Suicide? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Self mutilation/harm? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Substance abuse? (if yes, identify): _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Physical aggressiveness? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Verbally abusive to others? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Fire setting? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sexual inappropriate? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

YCRNA RESULTS: ☐ Low ☐ Medium ☐ High

Specifics: _____

COURT BACKGROUND:

How old was the youth on his/her first offence?

☐ Under 13 years ☐ 13-15 years ☐ 16-18 years

The youth's court history includes (check all that apply):

☐ Arson ☐ Assault ☐ Drug Offence ☐ Failure to Comply ☐ Property ☐ Sex Offence
☐ Weapons ☐ Other (please identify): _____

Details

| | | | |
|--|--------------------------------|---------------------------------|------------------|
| Does the youth have any outstanding charges? (if yes, explain below) | No <input type="checkbox"/> | Yes <input type="checkbox"/> | Court date _____ |
| Is this youth currently in custody? | <input type="checkbox"/> | <input type="checkbox"/> | YY/MM/DD |
| Is this youth currently on remand? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Has this youth ever been in custody? | <input type="checkbox"/> | <input type="checkbox"/> | |

Comments: _____

Does the youth have any of the following outstanding?

| | | | |
|--------------------------|--------------------------------|---------------------------------|----------------|
| Fines | No <input type="checkbox"/> | Yes <input type="checkbox"/> | \$ _____ |
| Compensation/Restitution | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ |
| Community Service Hours | <input type="checkbox"/> | <input type="checkbox"/> | # _____ |
| Letter of Apology | <input type="checkbox"/> | <input type="checkbox"/> | Due Date _____ |
| Essay | <input type="checkbox"/> | <input type="checkbox"/> | Due Date _____ |

Notes:

FAMILY ENVIRONMENT

With whom does the youth presently reside?

- ☐ Natural Family (both parents) ☐ Group Home ☐ Blended Family ☐ Single Parent
☐ Foster Family ☐ Adoptive Family ☐ Other Family ☐ Independent Living/Youth Agreement

Comments: _____

With whom will the youth reside upon graduation of the program?

- ☐ Same as above ☐ Other _____

Describe release plan (residence, school, counselling, etc.):

Parent/Youth Relations:

| | No | Yes | Unknown |
|---|--------------------------|--------------------------|--------------------------|
| Neglect of the youth | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Parent/Youth communication problems | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Parent overly protective | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Use of excessive/strict discipline | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Parents cover for youth | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Permissive parenting | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Problem(s) involving step-parent | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Inconsistent use of discipline | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Physical fights between youth and parents | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sexual abuse concerns | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you discussed this referral with the youth? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Have you discussed this referral with the youth's family? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Has transportation to the program been arranged? | <input type="checkbox"/> | <input type="checkbox"/> | |

Has the youth been diagnosed with any of the following:

| | No | Yes | Unknown |
|---|--------------------------|--------------------------|--------------------------|
| ADHD (Attention Deficit Hyperactivity Disorder) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ADD (Attention Deficit Disorder) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| RAD (Reactive Attachment Disorder) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| FASD (Fetal Alcohol Spectrum Disorder) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| OCD (Obsessive Compulsive Disorder) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Oppositionally Defiant | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Depression | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Mood Disorder | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Anxiety Disorder | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Psychosis | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other (specify): _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

EDUCATION

Is the youth currently enrolled in school? ☐ No ☐ Yes

Current or last school attended: _____

Phone #: () _____ Fax #: () _____

Last grade completed: _____ Year: _____

Have any formal education or learning difficulties assessments been completed on this youth? (if yes please attach):

| No | Yes |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |

Can the youth return to school after graduating from the program?

| | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|

EMPLOYMENT HISTORY

Describe:

HAVE YOU ATTACHED?

| | No | Yes |
|---------------------|--------------------------|--------------------------|
| Pre-Sentence Report | <input type="checkbox"/> | <input type="checkbox"/> |
| Court Order | <input type="checkbox"/> | <input type="checkbox"/> |

Goals of referral program (attach additional pages if you require more space):

Referring PO Signature: _____ Date Signed: _____

YY/MM/DD