



REFERRAL

YOUTH TRANSITION CONFERENCING

SEND TO: **Melanie Olsen, Collaborative Planning Program Coordinator**
 Phone: 250-286-0611 Confidential Fax: 250-286-3650 Email: Melanie.Olsen@jhsni.bc.ca

For the following Youth:

Name	Date of Birth	CS/FS Number	Contact Information

Parents' Info:

Name	File Number	Phone	Address
1			
2			
3			

Currently being cared for by:

Name	Relationship	Phone	Address

Social Worker info:

Name	Office Code	Phone	Address

Cultural Considerations:

Please note any and/or all cultural factors to be considered when working with this youth:

PURPOSE OF REFERRAL

- Planning for independence
- Connection with family
- Connection with culture
- Other:

Legal Status of Youth

- CCO
- Youth Agreement
- Other:

Discussion with Youth about referral

I discussed this YTC referral with the youth...

More than one month ago

I will speak with the youth within the next two weeks

Within the last two weeks

Other: _____

The best person/people to assist introduction to the youth:

Me (social worker): _____

Youth Worker: _____

Teacher/School District staff: _____

Other: _____

Family members/support people who may wish to participate and/or be contacted are:

Name	Relationship	Contact Information

Briefly explain how and why the youth came into care, and the steps taken to ensure the youth is reconnected to his or her family, extended family or community.

SIGNED:

SOCIAL WORKER

TEAM LEADER

DATE