

## Youth Services

### SECTION A

Referring Agent's Name: \_\_\_\_\_

Agency: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(Street Name & Number or P.O. Box #)      Town/City      (Province)      (Postal Code)

Phone Number: \_(\_\_\_\_\_)\_\_\_\_\_ Fax Number: \_(\_\_\_\_\_)\_\_\_\_\_

After Hours Number: \_(\_\_\_\_\_)\_\_\_\_\_

Name of Youth: \_\_\_\_\_ Sex: Female \_\_\_\_\_ Male \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

Agency Status: ↓      Expiry Date: ↓

Band & Treaty # \_\_\_\_\_

V.P.A./C.C.A \_\_\_\_\_

Perm. Ward \_\_\_\_\_

Temp. Ward \_\_\_\_\_

DIAD # \_\_\_\_\_

Apprehension \_\_\_\_\_

MB. Medical Number: \_\_\_\_\_  
(6 Digit)

\_\_\_\_\_ (9 Digit)

Out of Province Medical Number: \_\_\_\_\_

Next of Kin: \_\_\_\_\_

Next of Kin Address: \_\_\_\_\_

Next of Kin Phone #: \_\_\_\_\_

### SECTION B

1. What problem(s) is this youth experiencing at this time?      Check all that apply:

\_\_\_\_\_ Alcohol abuse

\_\_\_\_\_ Alcohol abuse by a family member(s). (Specify relationship – mother, brother, sister, etc.)

\_\_\_\_\_ Inhalant use

\_\_\_\_\_ Inhalant use by a family member(s). (Specify relationship – mother, brother, sister, etc.)

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\_\_\_\_\_ Use of street drugs

\_\_\_\_\_ Use of street drugs by a family member(s). (Specify relationship – mother, brother, etc.)

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\_\_\_\_\_ Lack of education

\_\_\_\_\_ Lack of employment skills/training

\_\_\_\_\_ Involvement with the justice system

\_\_\_\_\_ Inappropriate social skills

2. How long has this youth been experiencing substance abuse problems?

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3. Does the youth admit that there is a substance abuse problem? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, in what way?

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4a. How has substance abuse affected this youth's life? Check all that apply:

Psychological well-being \_\_\_\_\_ Physical well-being \_\_\_\_\_ Family Situation \_\_\_\_\_

Peer Functioning \_\_\_\_\_ Educational Status \_\_\_\_\_

4b. Does this youth realize the effect substance abuse has had on the above areas? (Explain)

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5. Has this youth ever been given a mental health diagnosis by a qualified health professional? (If yes, provide date of assessment and name of assessor). Please submit a copy of any existing assessments.

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6. Has this youth ever been hospitalized for a mental health related illness? (If yes, please provide dates and names of hospitals.) Is this youth currently taking any medication? (If yes, please list)

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7. Has this youth ever harmed self or thought of harming self but not as a direct result of alcohol/other drug use?

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8. Does this youth have any history of attempted suicide? (If yes, explain)

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9. Is this youth depressed? (If yes, how manifested?)

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10. Does this youth exhibit mood swings? (If yes, explain)

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11. Has this youth ever taken anti-depressant/anti-psychotic medication in the past? (If yes, please list)

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12. What other treatment program has this youth attended? When? (If possible, please attach copies of any progress and/or discharge reports.)

\_\_\_\_\_  
(Name of Facility)

\_\_\_\_\_  
(Date)

Reason for leaving treatment: \_\_\_\_\_

\_\_\_\_\_  
(Name of Facility)

\_\_\_\_\_  
(Date)

Reason for leaving treatment: \_\_\_\_\_

13. History of abuse: (Specify physical, sexual, and emotional & the severity and/or duration).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. Has this youth ever been charged with sexual assault? (If yes, explain)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. Has this youth ever been charged with arson? (If yes, explain)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16. Please list past and/or current legal charges:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

17. Is this youth currently on probation? Yes \_\_\_\_\_ No \_\_\_\_\_ Expiry Date: \_\_\_\_\_  
If yes, provide name, address & phone number of contact.

Officer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #:\_(\_\_\_\_\_)\_\_\_\_\_ Fax #:\_(\_\_\_\_\_)\_\_\_\_\_

18. Is this youth seeking treatment because of a court order? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, list any special conditions or attach a copy of the court order.

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19. How much and what type of contact have you had with this youth?

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20. Please insert a checkmark beside any areas of need that you feel are relevant to the youth being referred:

<input type="checkbox"/> Basic Routine	<input type="checkbox"/> Self Control (all areas of emotions)
<input type="checkbox"/> Punctuality	<input type="checkbox"/> Relationships with Peers/Adults
<input type="checkbox"/> Obtain I.D. (Birth Cert., S.I.N., Treaty Card)	<input type="checkbox"/> Information Seeking
<input type="checkbox"/> Personal Hygiene	<input type="checkbox"/> Communication Skills
<input type="checkbox"/> Resolution of Criminal Justice Issues	<input type="checkbox"/> Abuse Issues (sexual, physical, emotional)
<input type="checkbox"/> Dietary	<input type="checkbox"/> Information on Sex Education
<input type="checkbox"/> Health/Medical	<input type="checkbox"/> Information on Alcohol/Drug/Inhalant Use
<input type="checkbox"/> Mental Health Concerns	<input type="checkbox"/> Family Issues
<input type="checkbox"/> Cultural / Spiritual Awareness	<input type="checkbox"/> Academic Education
<input type="checkbox"/> Leisure Time Activities	<input type="checkbox"/> Issues of Separation/Loss
<input type="checkbox"/> Positive Feelings About Oneself	Other: _____

21. What type of supports would the youth have during and upon completion of residential treatment?  
(Example: social workers, NNADAP Workers, support groups, family members, school counsellors, etc.)

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22. Identify plan of action that will ensure continuous care of youth should immediate discharge and removal be necessary?

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23. Provide copy of Social History, if available.

24. Indicate who will be responsible for costs related to:

- a) Travel arrangements:  
(Upon admission and discharge) \_\_\_\_\_
- b) Treatment program per diem: \_\_\_\_\_
- c) Clothing needs of referral: \_\_\_\_\_
- d) Travel arrangements for home visits:  
(As negotiated with referring worker) \_\_\_\_\_

FOR OUT OF COUNTRY REFERRALS ONLY:

Name of Health Care Provider: \_\_\_\_\_

Policy Name & Number: \_\_\_\_\_

FOR OFFICE USE ONLY!

Is this youth suitable for placement? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, accepted on what date? \_\_\_\_\_

Anticipated date of arrival: \_\_\_\_\_

If not, have recommendations been made for placement elsewhere?

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Application reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_