

# YOUTH AND FAMILY SERVICE INTAKE

**Referral Date:** (D\_\_\_/M\_\_\_/Y\_\_\_)

**Referral Type: (MCFD ONLY)**

- protection  
 non-protection (open file)  
 non-protection (closed file)

IF ISSP – ATTACH PROBATION ORDER

**Court Order #** \_\_\_\_\_  
**Court Service #** \_\_\_\_\_

*The information in this referral will be shared with the client*

Youth aware of referral?  Yes  No      Parents aware of referral?  Yes  No  
Youth participate in referral?  Yes  No      Parents participate in referral?  Yes  No

Youth Information (Complete when Youth is the Primary Client 12 years +)

**Youth Name:** (First) \_\_\_\_\_ (Last): \_\_\_\_\_

**Gender:**  Male  Female  Transgender      **Birth Date:** (D\_\_\_ /M\_\_\_ Y\_\_\_)      **Age:** \_\_\_\_

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

**Phone** \_\_\_\_\_ **Cell:** \_\_\_\_\_ **Pager:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Heritage:** \_\_\_\_\_ **Primary Spoken Language:** \_\_\_\_\_

**Aboriginal Status:**  Yes  No      If 'yes', Band member:  Yes  No

**On Reserve:**  Yes  No      **Band Name:** \_\_\_\_\_

**Current Living Arrangements: (check all that apply)**

Home  Father  Mother  Relative  Foster Home  Group Home  Friend  Street  Couching  
 Other: \_\_\_\_\_ **Duration:** \_\_\_\_\_

Family Information

**Caregiver(s) Name(s)** \_\_\_\_\_ **Relationship to Youth:** \_\_\_\_\_

**Gender:**  Male  Female  Transgender      **Birth Date: (D/M/Y)** \_\_\_\_/\_\_\_\_/\_\_\_\_

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

**Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_ **Pager:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Heritage** \_\_\_\_\_ **Primary Spoken Language:** \_\_\_\_\_

**Caregiver(s) Name(s)** \_\_\_\_\_ **Relationship to Youth:** \_\_\_\_\_

**Gender:**  Male  Female  Transgender      **Birth Date: (D/M/Y)** \_\_\_\_/\_\_\_\_/\_\_\_\_

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

# YOUTH AND FAMILY SERVICE INTAKE

## Family Information (con't)

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Pager: \_\_\_\_\_ Email: \_\_\_\_\_

Heritage: \_\_\_\_\_ Primary Spoken Language: \_\_\_\_\_

Aboriginal Status:  Yes  No If yes, Band Member  Yes  No

On Reserve:  Yes  No Band Name: \_\_\_\_\_

Marital Status:  Married  Common-law  Separated  Divorced  Widowed  Single

Legal Guardian:  Father  Mother  Other \_\_\_\_\_ (contact #) \_\_\_\_\_

### Children/Youth Involved:

Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

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

## School and Other Information

Is youth/child attending school?  Yes  No

If 'yes', which school? Current Grade: \_\_\_\_\_

Is there a contact person at the school? ( name) \_\_\_\_\_

(Position) \_\_\_\_\_ (Phone) \_\_\_\_\_ (Fax) \_\_\_\_\_

Is the youth/child connected to any other agencies/professionals/support services?

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## Referral Information

Referral Method:  Phone  Fax  Mail  Email  In Person

### Referred by:

MCFD  CYMH  Probation  Self  Parent  School  Hospital/MSA  Other \_\_\_\_\_

Referral Source: Name \_\_\_\_\_ Relationship to Client \_\_\_\_\_

Agency: \_\_\_\_\_ Position/Team: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Referral Completed By: \_\_\_\_\_ Service Requested: \_\_\_\_\_

\_\_\_\_\_

# YOUTH AND FAMILY SERVICE INTAKE

## Requested Service

Reason for Referral: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Goals for this Client: \_\_\_\_\_

**Strengths** \_\_\_\_\_  
\_\_\_\_\_

**Needs** \_\_\_\_\_  
\_\_\_\_\_

**Abilities** \_\_\_\_\_  
\_\_\_\_\_

**Preferences** \_\_\_\_\_  
\_\_\_\_\_

**Barriers** \_\_\_\_\_  
\_\_\_\_\_

## Risk Factors

Alcohol use  Yes  No \_\_\_\_\_

Drug use  Yes  No \_\_\_\_\_

Criminal Charges  Yes  No \_\_\_\_\_

Prescribed medications  Yes  No \_\_\_\_\_

Abuse issues  Yes  No \_\_\_\_\_

Gang involvement  Yes  No \_\_\_\_\_

Mental Health  Yes  No \_\_\_\_\_

Suicide Ideation/Attempts  Yes  No \_\_\_\_\_

Violence to  Self \_\_\_\_\_

Others \_\_\_\_\_

Other  Yes  No \_\_\_\_\_

Additional Comments: \_\_\_\_\_

Caregiver Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Caregiver Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Youth Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Referring Workers Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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