

YOUTH RESOURCE CENTRE INTAKE

REFERRAL DATE (DD/MM/YYYY): _____

Referral Type (MCFD ONLY): Protection Non-protection (open file)
 Non-protection (closed file)

Court Order # (if applicable): _____ Court Service # (if applicable): _____

**this information will be shared with the family

YOUTH AND FAMILY INFORMATION

Youth First Name: _____ Youth Last Name: _____

Gender: Male Female Transgender Gender Fluid Other

Preferred Pronouns: _____

Birthdate (DD/MM/YYYY): _____ Age: _____

Contact Number: _____

Email: _____

Address: _____

Primary Spoken Language: _____

Indigenous: Yes No Status: Yes No On Reserve: Yes No

Band Name: _____

Current Living Arrangements: _____

Duration: _____

CAREGIVER INFORMATION

Caregiver Name: _____ Relationship to Youth: _____

Contact Number: _____

Email: _____

Address: _____

Caregiver Name: _____ Relationship to Youth: _____

Contact Number: _____

Email: _____

Address: _____



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CHILDREN/YOUTH INVOLVED (fill in table below):

Name	Age	Relationship

SCHOOL AND COMMUNITY INFORMATION

Is youth/child attending school? Yes No Current Grade: _____

Name of school: _____

Contact person at school: _____

Contact Number: _____

Is the youth /child connected to any other agencies/professionals/support services? Yes No

If yes, please list: _____

Contact Name: _____ Contact Number: _____

REFERRAL SOURCE

Referred by: _____ Relationship to Client: _____

Agency: _____ Position/Team: _____

Phone: _____ Email: _____

Fax: _____ Service Requested: _____

REQUESTED SERVICE

Reason for Referral:



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Goals for this client:

Strengths:

Needs (if required):



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Barriers:

RISK FACTORS

ALCOHOL USE NO YES

DRUG USE NO YES

CRIMINAL CHARGES NO YES

PERSCRIBED MEDICATIONS NO YES

ABUSE ISSUES NO YES

GANG INVOLVEMENT NO YES

MENTAL HEALTH NO YES

SUICIDE IDEATION/ATTEMPTS NO YES

VIOLENCE TO SELF
 OTHERS NO

OTHER NO YES

ADDITIONAL COMMENTS:

Caregiver Signature: _____ Date: _____

Caregiver Signature: _____ Date: _____

Youth Signature: _____ Date: _____

Referring Worker's Signature: _____ Date: _____

