|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Referred By** | **Date:** | | **Referring Agency:** | |
| **Caseworker:** | | | |
|  | | | | |
| **Identifying Information** | **Young Person’s Name:** | | **Date of Birth:** | |
| **ORCA #:** | | **Category: 1 2 3** | |
| **Alberta Health Care #:** | | **Child Welfare Status:** | |
|  | | | | |
| **Offence Information** | **Current Charges:** | | | |
| **Sentenced: YES NO** | **Category 1: YES NO** | | **Effective Date:** |
| **Open Custody Expiry Date:** | | **Community Supervision Expiry Date:** | |
| **History of UAL (number and locations):** | | | |
| **Keep Separate on Justice File: YES NO**  **If yes please explain:** | | | |
| **Medications** | **Type & Dosage:** | | **Purpose:** | |
| **Type & Dosage:** | | **Purpose:** | |
| **Type & Dosage:** | | **Purpose:** | |

|  |  |  |
| --- | --- | --- |
|  | Bridges Treatment Program At Howard House  Referral Form |  |

|  |  |  |
| --- | --- | --- |
| **Family** | **Mother:** | **Telephone:** |
| **Father:** | **Telephone:** |
| **Step-Father** | **Step-Mother** |
| **Siblings:**  **1.**  **2.**  **3.** | **Age:** |
| **Legal Guardian/Status:** | |
| **Describe Present Family Situation:** | |
|  | | |
| **Treatment** | **Willingness to Participate in Treatment (Outlining what is motivating the youth to attend this treatment program [internal vs. external]):** | |
| **Issues Youth Would Like to Address (family, living skills, anger, etc):** | |
| **Previous Treatment or Counseling:** | |
| **Mental Health Concerns (please specifically note arson, bed wetting, and harm to animals):** | |
| **Behavioral Concerns:** | |
| **Emotional Concerns:** | |
| **Supports, Strengths and Positive Factors (Family, friends; youth workers; attitudes / abilities/ resiliencies):** | |
| **School Performance (grade level, behaviors, learning disabilities, etc):** | |
| **What are the Client’s Treatment Goals (as stated by the youth):** | |
| **Treatment Recommendations:** | |
| **Additional Comments (please note any issues or concerns and comment on support for placement from the following):** | | |
| **Additional Information** | **Young Offender Branch:** | |
| **Probation Officer:** | |
| **Parent/Guardian:** | |
| **Life Choices Counselor:** | |
| **Key Worker/Unit Supervisor:** | |
| **Kennedale / Westview Secondary School Staff:** | |
| **Any additional information that would be beneficial for treatment purposes:** | |

**PLEASE INCLUDE ANY SUPPORTING DOCUMENTS SUCH AS:**

* Psychiatric Reports
* Pre-Sentence Reports
* Police Reports, etc

Anything that would pertinent for the referral would be appreciated and complete the process faster. If you need more space for sections please add additional paper with the title to the section you need more space for. If you have any questions regarding the referral process please do not hesitate to contact the Bridges Treatment Program at Howard House for more information at (780) 420-1497. Please fax completed referrals to (780) 426-0403.