Any information pertinent for the referral would be appreciated. If you have any questions regarding the referral process, please do not hesitate to contact Ryan Anderson or Catherine Sanford at the Bridges Treatment Program at Howard House directly for more information: 780-420-1497

Please fax completed referrals to 780-426-0403

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| **Date:**Click here to enter a date. | **Referring Agency:**   |
| **Referred By:**  | **Phone:**   |
| **Email:**   |

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| **Young Person’s Name:**  | **Date of Birth:** Click here to enter a date. |
| **ORCA #:**   | **Current Whereabouts:**  |

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| **Current Justice Status:** (check all that apply)[ ]  Open Custody: (Click here to enter a date.) to (Click here to enter a date.) [ ]  Community Supervision: (Click here to enter a date.) to (Click here to enter a date.)[ ]  Conditional Supervision: (Click here to enter a date.) to (Click here to enter a date.)[ ]  Deferred Custody: (Click here to enter a date.) to (Click here to enter a date.)[ ]  Probation: (Click here to enter a date.) to (Click here to enter a date.)[ ]  Remand: Next court date/dates (Click here to enter a date.) [ ]  Undertaking/Recognizance: Next court date/dates (Click here to enter a date.)[ ]  *Closed Custody\* (admissible during community time)*: (Click here to enter a date.) to (Click here to enter a date.)[ ]  IRCS[ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Current Charges/Criminal History:** (please specify which are currently outstanding, if any)  |
| **Category 1 Charges:** [ ] Yes [ ]  No **Y-50 or SHOP Designation:** [ ] Yes [ ]  No  |
| **History of UAL/Walk-Away:**  | **Keep Separates/No Contacts:**  |
| **Willingness to Participate in Treatment –** what is motivating the youth to attend this treatment program (internal/external):  |
| **Treatment Goals/Issues Youth Would Like to Address –** as stated by the youth:  |
| **Mental Health Concerns –** please specifically note arson, bed wetting, and harm to animals:  |
| **Substance Use Concerns:**  |
| **Behavioural Concerns –** including Custody Centre incidents**:**  |
| **Emotional Concerns:**  |
| **Supports, Strengths, and Positive Factors –** family, friends, youth workers, attitudes, abilities, resiliencies:  |
| **School Performance –** grade level, behaviours, learning disabilities, etc.:  |
| **Legal Guardian:**  | **Telephone:**  |
| **Other Relevant Family Members:**  |
| **Child and Family Services Status:**  |
| **Describe Present Family Situation/Support for Treatment:**  |

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| **Current Medications -** Medication name and purpose:  |
| **Previous Assessments Completed -** Section 34, PSR, or other professional assessments (**please include if possible):**  |
| **Previous Treatment or Counseling -** residential or community based:  |

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| **Other Relevant Collateral Contacts –** please provide names and contact information for any other relevant professionals (Probation Officer, Lawyer, Teacher, Counselor, Youth Worker):  |

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| **Any additional information that would be beneficial for treatment purposes:**  |

**Please include any supporting documents such as:**

* Psychiatric Reports
* Pre-Sentence Reports
* Section 34
* Police Reports, etc.