



Mandella Referral and Screening form

Date received: _____

Referrer Details

| |
|--|
| Name |
| Agency or relationship to young person |
| Telephone number |
| Email |

About the Young Person

| Personal details | |
|------------------|---|
| Name | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Other names | |
| Address | |
| Home telephone | Other telephone |
| Date of birth | Age |

| Cultural groups | |
|--|--------------------------------|
| <input type="checkbox"/> Caucasian | <input type="checkbox"/> Metis |
| <input type="checkbox"/> First Nations | <input type="checkbox"/> Inuit |
| <input type="checkbox"/> Other | |
| Preferred language: | |

| Family details | |
|--|--------------|
| Who holds parental responsibility for the young person? | |
| <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other (please give details) | |
| Mother | |
| Name | Phone number |
| Address | |
| Father | |
| Name | Phone number |
| Address | |
| Other guardian | |
| Name | Phone number |
| Address | |

Other people known to be living in the home

| Name | Age | Relationship to young person | Sex |
|------|-----|------------------------------|---|
| | | | Male <input type="checkbox"/> Female <input type="checkbox"/> |
| | | | Male <input type="checkbox"/> Female <input type="checkbox"/> |
| | | | Male <input type="checkbox"/> Female <input type="checkbox"/> |
| | | | Male <input type="checkbox"/> Female <input type="checkbox"/> |
| | | | Male <input type="checkbox"/> Female <input type="checkbox"/> |

Current or previous social services involvement with any child, young person or adult mentioned above (details)

Educational details

Name of school

Main contact at school

Has the young person been recognized with special educational needs? Yes No
Don't know

Do you know if the young person has received any formal RCMP sanctions or involvement with Youth Justice Services?

Yes No Don't know

Evidence:

Any other agencies you know are involved with the young person

Examples: Doctor, RCMP, social worker, school counsellor...

Name

Agency

Telephone

Details of involvement

Name

Agency

Telephone

Details of involvement

Name

Agency

Telephone

Details of involvement

The following factors have been associated with the onset of delinquent or offending behaviours. Please checkmark as many factors as you believe apply to the young person being referred. Provide evidence for each. Evidence refers to observations and examples.

Living and family arrangements

- separated from either or both his or her parents
- unstable family income
- inconsistent supervision at home
- harsh discipline in the home
- family/household members are known to be involved in criminal/delinquent behaviour
- currently experiencing unstable accommodation

Evidence:

School and education

- not currently enrolled in full-time education
- regularly absent from school
- bullies others at school
- identified as needing special educational services
- difficulties with current level of school work
- seems to lack attachment to his or her school

Evidence:

Neighbourhood and friends

- lives in a high crime rate neighbourhood
- lack of age-specific facilities in the area
- has friends known to the RCMP
- lives in an area that is relatively isolated
- does not use spare time constructively
- does not have an age-appropriate peer group

Evidence:

Substance use: alcohol, drugs, tobacco, inhalants, prescription drugs...

- drinks alcohol
- takes illegal drugs
- seems to see his or her substance use as positive and/or a necessary part of life
- smokes cigarettes
- seems to be at risk through the personal use of substances
- seems to be at risk through the use of substances by others

Evidence:

Emotional and mental health

- has a condition that affects his or her everyday life; for example ADHD
- has suffered a significant bereavement/loss that still affects him or her
- seems to be quick to anger at ordinary situations
- seems to be suffering from emotional problems
- has been referred to a mental health service

Evidence:

Perception of self and others

- not able to trust others easily
- known or thought to be a victim of discrimination
- does not believe that he or she has committed anti-social acts or done anything wrong
- displays discriminatory attitudes towards others
- displays inappropriate self-esteem (too high or too low)

Evidence:

Thinking, behaviour and attitude

- acts impulsively most of the time
- seems easily bored
- does not seem to understand the consequences of his or her actions
- seems to give in to others easily; for example peers
- seems impatient, gets agitated easily if made to wait

Evidence:

Young person's vulnerability

- is due to the behaviour of other people
- is due to events or circumstances
- is due to his or her own behaviour (including self-harm and suicide attempt)

Evidence:

Risk of serious harm to others

- has caused serious harm to another
- has said that he or she will cause serious harm to another
- has displayed intimidating or threatening behaviour
- concerns have been expressed about serious harm to others

Evidence:

Protective factors

- some understanding of the problems in his or her life
- seems able to think through problems he or she faces
- some of his or her friends are not known to the RCMP
- has a good support network
- demonstrates some ambition and future plans
- makes good use of spare time he or she has
- other

Evidence:

Reasons for referral

What aspects of the young person's behaviour are you concerned about?

What has been the impact of the behaviour? For example; on the young person, individuals, family, school, community.

What work have you or your agency been doing with the young person to deal with the behaviour and risk factors identified above?

What assistance do you hope will come from the Mandella project?

Are you aware of any dangers associated with home visits? (for example; dangerous dog, syringes, violent family, etc) Yes No Don't know

Are you aware of any other risks associated with the referral? Yes No Don't know

Evidence:

Checklist for completion of the referral form

- Have you completed the referral form in line with the guidance notes?
- Have you completed as much of the referral form as you feel able, given your knowledge of the young person and family?
- Have you provided evidence for each of the risk factors identified?
- Have you included contact details for yourself, the young person and their family?
- Have you highlighted how the risk factors link with delinquent or offending behaviour?
- Is the young person aware of the referral?
- Is the young person in agreement with the referral?
- Is the family aware of the referral?
- Is the family in agreement with the referral?
- Have you completed the referral with the assistance of the young person?

How to return this form

For the purposes of security and confidentiality we ask that the referral form be mailed, hand delivered, or faxed to our secure line. If this poses a problem, please call the Mandella project at 250-832-0108 to arrange for pick up.

Return this form to:

Glenda Cooper, Manager
Downtown Activity Centre
451 Shuswap St SW
Salmon Arm BC, V1E 4H9

Tel: 250-832-0108
Fax: 1 888-883-6959



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