



Mandella Referral and Screening form

Date received: _____

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
Parents' names	Parent contact

Risk Factors

The following factors have been associated with the onset of delinquent or offending behaviours. Please refer to the referral form guidance notes for additional information concerning risk factors (available at www.youthpartners.ca/joomla). Provide examples where appropriate.

Please Check , as appropriate between 0=not associated and 4=very strongly associated to risk ?=Don't know. Please provide a short description as to the risk rating given.

Living and family arrangements (unstable)	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> ?	Example/s:
Family and Friends	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> ?	Example/s:
School and Education	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> ?	Example/s:
Neighbourhood (regular RCMP involvement)	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> ?	Example/s:
Lifestyle	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> ?	Example/s:
Substance affected and/or personal use	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> ?	Example/s:
Physical Health	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> ?	Example/s:
Perception of self and others	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> ?	Example/s:
Thinking and Behaviour	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> ?	Example/s:
Attitudes to Offending	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> ?	Example/s:
Lack of Motivation to change	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> ?	Example/s:

Has or is the young person involved with Youth Justice Services?

Yes No Don't know

Example/s:

Reasons for referral

What aspects of the young person's behaviour are you concerned about? What has been the impact of this behaviour?

Does the young person and/or family know about the referral?

Does the young person and or family agree with the referral?

Referrer Detail

Name

Address

Contact number(s)

Email

How to return this form

For the purposes of security and confidentiality we ask that this referral form be mailed, hand delivered, or faxed to our secure fax 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

Contact info:

Tel: 250 832 0108
email: mandella@youthpartners.ca
website: www.youthpartners.ca/joomla
Fax 1-888-883-6959



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