



Spirit of Our Youth

For Internal use only

Intake Date: _____

Program: _____

Please complete this form and sign to confirm the referral. Return by fax **(780 474-3120)** or email **reception@spiryouth.ca**. We'll get back to you right away about our placement availability.

Youth's Name: _____

Birth Date: _____ **Gender:** M F **Other:** _____

Children's Services Identification Number: _____

Children's Services Status: TGO PGO SFAA CSD CA

Alberta Health Care #: _____

Treaty #: _____ **Band:** _____

Previous Placement:

Child and Family Services Authority: _____

Case Manager: _____

Phone: _____ **Fax:** _____

Supervisor: _____

Phone: _____ **Fax:** _____

Billing Address:

Address: _____

City & Prov: _____

Postal Code: _____



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Physical Description/Health:

Height _____ Weight _____ Eye Colour _____ Hair Colour _____

Medications: Y N

Please List: _____

Medical Concerns or Allergies (please list): _____

Any diagnosis? Please attach all assessments.

Medical Professionals:

Name / Phone # / Email	Address	Date of last medical
Doctor: _____	_____	_____
Dentist: _____	_____	_____
Optometrist: _____	_____	_____

Immunization up to date? Y N

Any Disabilities: Y N **List:** _____

Is teen pregnant or parenting: Y N

Reason for Placement request:

Date placement required: _____



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Family Information:

Name: _____ Relationship: _____

Address: _____

Phone: _____

Allowed to contact? Y N Supervised? Y N Allowed to visit? Y N

Name: _____ Relationship: _____

Address: _____

Phone: _____

Allowed to contact? Y N Supervised? Y N Allowed to visit? Y N

Siblings

At Parents' Home Y/N?

Age:

Allowed to contact? Y N Supervised? Y N Allowed to visit? Y N

Allowed to contact? Y N Supervised? Y N Allowed to visit? Y N

Allowed to contact? Y N Supervised? Y N Allowed to visit? Y N

Allowed to contact? Y N Supervised? Y N Allowed to visit? Y N



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Identified Concerns: (include issues such as bed wetting, suicidal behaviour, substance abuse etc.)

Is there a history of the youth being violent or aggressive? With Peers? With Adults/Staff? Animals?

Does the youth have a criminal history or outstanding charges? If so, please list.

Are there any court ordered "No contact orders"?

Please list professionals child/youth is currently seeing: (Psychologist, Youth Worker, Advocate, etc.)

Name: _____ **Profession:** _____ **Phone Number:** _____

Name: _____ **Profession:** _____ **Phone Number:** _____

Name: _____ **Profession:** _____ **Phone Number:** _____

General Information: (e.g. Languages Spoken, Sports/Musical/Arts Interest)

Name of last school attended and grade. Any difficulties with school for the youth?



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Clothing up to date: Y N

Approval for Clothing: Y N

Amount: _____

Any other information you would like us to know?

Note: 10 days written notice is required prior to bed closure. Without 10 days written notice, the per diem will be charged for 10 days after the actual date of discharge.

O.C.A.R to be submitted within 30 days.

Children's Services Authority Signature

Print Name

Date

At Spirit of Our Youth Homes we use the CAFAS (Child and Adolescent Functional Assessment Scale) to evaluate youth progress during their placement.

We ask that you complete the following CAFAS survey so that we can create effective goals and monitor the youth's progress. Referring to the past three (3) months, please check all that apply for this youth.



School / Work:			
Out of school or job due to behavior?	<input type="checkbox"/>	Non-compliant behaviors results in suspensions from programming.	<input type="checkbox"/>
Behaviors being addressed by teachers or supervisors on a semi-regular basis.	<input type="checkbox"/>	No issues with School or work in regards to behaviors or attendance.	<input type="checkbox"/>
Home Subscale:			
Not at home due to behaviors of the youth.	<input type="checkbox"/>	Persistently will not follow through with basic rules i.e. chores, curfews, interactions with siblings.	<input type="checkbox"/>
Frequently will not follow through with basic rules i.e. chores, curfews, interactions with siblings.	<input type="checkbox"/>	Typically follows through with reasonable rules. Minor issues easily resolved.	<input type="checkbox"/>
Community			
Confined due to serious violation of the law i.e. violence, stealing a car, selling drugs.	<input type="checkbox"/>	Serious delinquent behaviors i.e. stealing, vandalism, defacing public property.	<input type="checkbox"/>
Frequently will not follow through with basic rules i.e. chores, curfews, interactions with siblings.	<input type="checkbox"/>	Typically follows through with reasonable rules. Minor issues easily resolved.	<input type="checkbox"/>
Behaviour Towards Others:			
Behaviors are consistently out of the norm and extremely odd; attempted sexual assault; deliberately harms animals.	<input type="checkbox"/>	Behaviors are typically inappropriate i.e. fighting, promiscuous, belligerent	<input type="checkbox"/>
Unusually quarrelsome, intentionally annoying to others.	<input type="checkbox"/>	Relates satisfactory towards others.	<input type="checkbox"/>



Moods & Emotions:

Has fears, worries or trauma that has resulted in poor day program successes. <input type="checkbox"/>	Has extreme changes in moods that are intense and abrupt. <input type="checkbox"/>
Often anxious or fearful, causes headaches or upset stomach etc. <input type="checkbox"/>	Feels normal distress, is able to cope effectively. <input type="checkbox"/>

Self-harmful Behaviors:

Intentionally puts self in harm's way or self-inflicts wounds to self-harm or attempt at suicide. This would be life threatening. <input type="checkbox"/>	Non-life threatening self-harm, youth makes statements of wanting to die. <input type="checkbox"/>
Repeated non-life threatening behaviors like pinching self, holding breath till dizzy, scratches self. <input type="checkbox"/>	Behavior not indicative of self-harm behaviors. <input type="checkbox"/>

Substance Use:

Lifestyle centers on the use and/or acquisition of substances. <input type="checkbox"/>	Substance use interferes with day programs, following routines in the home. <input type="checkbox"/>
Infrequent intoxication, mild use of marijuana. <input type="checkbox"/>	No use of substance, denies using, possible using not directly interferes with daily routines. <input type="checkbox"/>

Thinking:

Youth cannot attend school or work. Does not have friendships and cannot interact in the community. Bizarre thoughts and expression. <input type="checkbox"/>	Frequent difficulty communicating. Requires constant supervision. <input type="checkbox"/>
Occasional difficulty communicating effectively. Odd speech present. <input type="checkbox"/>	Thoughts are effectively communicated. <input type="checkbox"/>

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Thank You! We look forward to working with you.