



MISSEY Direct Services Referral Form

Reason for Referral

- Current/previous exploitation
- At-risk

Is this youth in foster care?

- Yes
- No

Information

Youth Name (First Name & Last Name)

____/____/____
Date of Birth

Youth Contact Number(s)

_____ yrs.
Age at time of referral

Youth Address

Youth's current living situation

- Probation Placement
- In detention at ACJJC
- Biological family
- Next of kin
- Homeless
- Foster care / group home
- Independent

Does this minor have a history of abuse?

- Physical Abuse Yes No Unknown
- Sexual Abuse Yes No Unknown
- Neglect Yes No Unknown

Have you referred this minor before?

- 1st referral
- 2nd referral
- 3rd referral

Has there been any known recent (w/in 60 days) sexual or physical assault? Yes No Unknown

Has there been any known recent (w/in 60 days) contact with law enforcement or arrests? Yes No Unknown

Referral Source Information

Referring Person's Name

____/____/____
Date of Referral

Agency or Relationship to minor

Referring Person Contact Number(s)

E-mail

How did youth come into contact with the referral source? _____

Additional Information: _____

Other referrals made

- WestCoast Children's Clinic
- BAWAR
- Other: _____
- Other: _____

**PLEASE INCLUDE A CONFIDENTIAL COVER PAGE AND FAX COMPLETED FORM TO
1-866-585-7819, ATTN: DIRECT SERVICES MANAGER**

BOTTOM PORTION COMPLETED BY MISSEY STAFF ONLY

Date of referral receipt: ____/____/____

Staff Assigned: _____

Method of contact: _____

Date of initial contact with minor: ____/____/____

MISSEY Direct Services referral to:

- SPA
- Case Management
- Lasting Links Mentorship Program
- Foster Care Youth Services (Youth Advocacy)

REFERRED OUT TO: _____

Contact Name: _____
Contact Phone: _____
E-mail: _____