



Youth Support Services | Services d'appui à la jeunesse

Saint John Bosco Achievement Centre (JBAC)
In partnership with Operation Come Home,
the John Howard Society of Ottawa,
and The Ottawa Catholic School Board

Referral Form

Date: Day / Month / Year

Youth's Information

Youth: Last Name / First Name / YOSIS/OTIS: this # is required for follow up research

Probation Officer Is PO in agreement with referral? Yes No

Current residential status:

Address:

Resides with: If not living independently identify the primary care giver or the significant other

Telephone number: First Language

Date of birth: Gender: Female Male

Current disposition:

Commencement date: Termination date: Day / Month / Year

Current offences:

Outstanding charges: List: Yes No

Prior youth justice record: List here Yes No

School History Information

Last school attended: Last grade completed:

How long has youth been out of school:

Literacy level: Grade 4 and under Grade 5 to 9 Grade 9 to 12 unknown

Any known learning disabilities:



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Any known behavioural struggles

Referring Program Information

Program Referring youth: NRAC CST ISSP ADS PO Other

Counsellor/Therapist/PO: _____

Counsellor/Therapist/ PO Contact Information (include cell #) _____

How long has counselor/therapist/PO worked with youth? _____

How often does youth attend your meetings? (check off appropriate statement)

____ attends all scheduled meetings ____ attends some scheduled meetings _____ attends no scheduled meetings

How often does youth follow through on intervention plans developed?

_____ always _____ often _____ seldom _____ never

In your opinion, why is this youth a good fit for JBAC?

Is there any time periods Monday through Friday that this youth is not available? Yes No

If yes, please highlight the barriers to their not being available during these times.

Group Composition and Safety Information

The following are questions that are required to ensure appropriate grouping for youth in JBAC school spots, and not exclusionary criteria. It is imperative for the safety of this youth, other youth and program staff that you provide all information. This form is confidential, and information will be used ONLY to appropriately select JBAC time slots.

Is youth a gang member? Yes No What gang is youth associated with? _____

If youth is not gang member, does this youth associate with known gang members? Yes No

If yes, what gang/s does this youth associate with _____

List all names of youth that are listed as Non-associations on order:



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List any other known persons this youth should not be associating with:

List known names of co-accused associated with recent offenses:

List any known enemies that JBAC should be aware of, including third party threats situations:

List any victims of youth's offenses that may be involved in ISSP, NRAC, ADS or CST:

Are there any other safety issues that JBAC should be aware of when selecting appropriate time slots? If so, please explain:

In your opinion, how invested is the youth in making changes?

0% 20% 40% 60% 80% 100%

Information attached to referral:

Attached

- RNA
- PSR
- Sentence Order
- (this information is to be included in referral package)

Information available to review on master file:

- FCC Assessment
- Other assessment
- Other documents
- (this information is not to be duplicated and/or sent with referral package)

FOR OFFICE USE ONLY:
 Date referral form received: _____ Client # _____
 Accepted Yes No _____ Date of admission meeting _____
 Reason not accepted _____