



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

Other Agency Referral Form

Date: _____

Youth Information

Youth Name: _____

DOB: _____ YOSIS/OTIS (if applicable): _____

First Language: _____

Current residential status: _____

Address: _____

Resides with: _____

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

Telephone number: _____ Cell/Other: _____

Referral Source Information

Referral Source Name: _____

Referral Source - Agency: _____

Relationship to youth: _____

Length of time working with this youth: _____

Referral Source Contact Information (phone/address): _____

How often does youth attend your meetings?

- 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

** Do you agree to be available for monthly contact with staff members from the program?

Yes No



Youth Support Services | Services d'appui à la jeunesse

If the referent will not be able to maintain contact, list an alternate contact person for the program (include contact phone number and address).

School History Information

Last school attended: _____

Last grade completed: _____

How long has youth been out of school?: _____

Contributing factors: _____

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

Any known Learning Disabilities: _____

Any known Behavioural struggles: _____

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



Youth Support Services | Services d'appui à la jeunesse

Are there any time periods Monday through Friday that this youth is not available?

Yes No

If yes explain: _____

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.

Do you believe that the youth is 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 any known persons this youth should not be associating with: _____

List any safety or other considerations pertaining to this youth: _____

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

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

Information/Reports (please forward any relevant assessments or reports that will assist the staff with meeting the educational needs of this youth):

List:	Attached	Available
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>



Youth Support Services | Services d'appui à la jeunesse

**Please fax completed referral form to:
Clinical Supervisor JBAC at (613) 789-1350**

FOR OFFICE USE ONLY:

Date referral form received: _____ Client # _____

Accepted Yes No _____ Date of admission meeting _____

Reason not accepted _____