YOUTH JUSTICE FASD PROGRAM

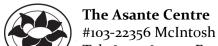
Youth Pr	obation Officer:	Date:		
City:		Phone Number:		
FASD So	reening and Referral Tool for Youth Prob	ation Officers		
	eening MUST be completed for all individuals ed for individuals on other youth court order	s on adjudicated youth probation orders. It MAY be s.		
page 2. If the the Y Asan 3. If the	If the individual does NOT meet the screening criteria for being at risk of having FASD, please complete this page only and submit it to the Asante Centre with no identifying client information. If the individual DOES meet the screening criteria, but you are NOT able to obtain consent for a referral to the Youth Justice FASD Program at the Asante Centre, please complete this page only and submit it to the Asante Centre with no identifying client information. If the individual DOES meet the screening criteria, and you ARE able to obtain consent for a referral to the Program, please complete all sections of this form (pages 1-4) and submit it to the Asante Centre.			
A. SOCIA	heck all boxes in sections A and B below that all FACTORS: Individual is adopted Individual currently, or previously, in foster care Individual has a sibling with a documented diag There is documentation that the individual is su Individual has a mother with a history of prenat	e or involved with child protection services <u>knosis</u> of FAS/pFAS/ARND (FASD) uspected of having FAS/pFAS/ARND (FASD) al alcohol use or alcoholism		
_ _ _	therapy, infant development or child development. Learning difficulties (e.g. learning assistance, medical Growth abnormalities (e.g. short in height, apper Diagnosis of ADD/ADHD (attention deficit/hyp	odified program, school dropout or failure) ears to have a small head)		
	e information in section A and B above: Refer the object of the individual meets the criteria below: 1 social factor (section A above) PLUS at least 2 o social factors (section A above) PLUS at least 2			
	lividual DOES meet the screening criteria but wi dicate the reason: Unable to obtain consent	ll NOT be referred to the Youth Justice FASD Program, ☐ Other:		
If the ind	ividual does NOT meet the screening criteria, ple Sufficient information to complete screen and in Insufficient information to complete screen (Keep this page on file with the suggested date f	ndividual did not meet the criteria Date for follow-up:		



REFERRING TO THE YOUTH JUSTICE FASD PROGRAM

Youth Probation Officer Email:	Fax:					
Address:						
Consent must be received before a referral can be pro	cessed.					
 □ Please check this box to indicate that you have received guardian consent or individual consent (if individual is age 18 or older) to refer this individual to the Youth Justice FASD Program. □ Alternatively, please check this box to indicate that you were not able to obtain guardian consent but have received youth consent to refer him/her to the Youth Justice FASD Program for a medical assessment only (if individual is age 14 -17). 						
IDENTIFYING CLIENT INFORMATION						
Name of individual:	Court order expiry date:					
Date of birth:	Age: Sex: □Male □Female					
Ethnicity(ies):						
Name of legal guardian:						
Phone:	_ Fax:					
Address:						
Email:						
What is the individual's current living situation?						
Name of caregiver:	Phone:					
Address:						
Name of ISSP/support worker (if applicable):						
Agency:	Phone:					
 Which of the following behaviours characterize this indi Attention seeking, demanding, loud Easily manipulated and led by others No understanding of personal boundaries Socially inept Disinhibited about sharing personal information Concrete and literal thinker Poor decision maker, poor problem solver, exhibits lack of insight Requires supervision and management of time and 	vidual? Please check all that apply. Misuse of alcohol & other drugs Has a high need for acceptance Anger control problem Chronically misses appointments Has trouble following rules or directions Impulsive Does not understand effects of his/her actions on others Makes up stories in a grandiose manner					

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Tel: 604-467-7101 Fax: 604-467-7102 <u>youthjustice@asantecentre.org</u>

IDENTIFYING CLIENT INFORMATION Continued

2. With what types of offences has the individual been charged? Please check all that apply.						
	Theft under \$5000 Theft over \$5000 Mischief to property Public mischief Sexual offence Possession of break-in instruments Drug charges Driving offences Fraud Solicitation/prostitution Arson		Break and enter Robbery Assault Assault causing bodily harm/aggravated assault Murder/manslaughter Possession/use of a weapon Possession of stolen property Uttering threats to cause death/bodily harm Kidnapping Obstruction of justice Other:			
3. With how many breaches of court orders has the individual been charged?						
	Vith what types of breaches of court orders has the income Keep the peace and be of good behaviour Non-reporting to youth probation officer Fail to reside Fail to attend court Fail to attend school Fail to attend programming (e.g. counselling) Other:		Possession of a weapon No contacts Area restrictions Substance use Curfew violation Possession of break-in instruments Other:			
5. How many breaches of court orders do you <i>estimate</i> the individual has committed but where no formal charge has been made? Comments?						
6. Do you have concerns regarding the individual's substance use? Yes No Not sure If yes, please indicate which substances (check all that apply): Alcohol Marijuana Other drugs						
8. Has the individual ever attended programming for substance misuse? □Yes □No □Unknown 9. If yes, please indicate what types of programming (check all that apply): □Individual □Group □Residential 10. How many different services or programs has the individual attended? 11. How many different services or programs has the individual completed?						
Has the individual ever been assessed at any of the following? ☐ Youth Forensic Psychiatric Assessment—Location(s): ☐ Maples Adolescent Treatment Centre ☐ Sunny Hill Health Centre for Children ☐ Complex Developmental and Behavioural Conditions (CDBC) Network ☐ BC Children's Hospital ☐ Other—Please explain:						



ADDITIONAL INFORMATION *This section is optional; completion is appreciated.*

Any additional information you are able to provide at the time of referral will significantly contribute to the assessment process. Thank you for completing this section as comprehensively as you are able. 8. Where was the individual born? City: _____ Hospital: ____ 9. Please list any doctors, clinics (including walk-in), hospitals and/or specialists the individual has received services from since birth: Name: City: _____ Name: ______ City: _____ Name: ______City: _____ 13. Is the individual currently attending school? □Yes □No Please list the 2 most recent schools the individual has attended/been registered to attend: Name of school: City: Name of school: City: Name of school: _____ City: ____ 10. Are you aware of any other assessments the individual has been referred for and/or completed, other than those previously mentioned? Please explain. 11. Are you aware of any significant or chronic medical concerns the individual faces currently or in their history? Examples may include birth anomalies, seizures, head injuries, experiences of physical, emotional or sexual abuse, or hearing concerns. Please describe. 12. Youth probation officers are NOT encouraged to question families about the prenatal history of the youth. If you have prior knowledge of any suspected or known alcohol or other substance exposure prenatally or of any other relevant prenatal information, please describe this below including the source of information for Asante Centre follow-up.

PLEASE SUBMIT THE COMPLETED REFERRAL FORM AS PER THE REFERRAL GUIDELINES TO: ASANTE CENTRE: PH: 604-467-7101 FAX: 604-467-7102 EMAIL: YOUTHJUSTICE@ASANTECENTRE.ORG