

Please fill out form completely



# St. Lawrence Youth Association | Specialized Treatment Program

<b>Name of Young Person:</b>		<b>Date of Referral</b> (mm/dd/yy):
<b>Youth Information:</b>	<b>Current Youth Address:</b>	
	<b>Permanent Home Address (Same as Above <input type="checkbox"/> ) :</b>	
	<b>Home Phone:</b>	<b>Email:</b>
	<b>DOB (mm/dd/yy):</b>	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other (Specify):
<b>Current Living Status:</b>		
<input type="checkbox"/> With Parent/Caregiver <input type="checkbox"/> Detention/Custody Facility <input type="checkbox"/> Shelter <input type="checkbox"/> Independent Living <input type="checkbox"/> FACSFLA Care <input type="checkbox"/> Other (Specify):		
<b>Concerning Sexual Behaviour:</b>		
<input type="checkbox"/> Unwanted Sexualized Touching Toward Another <input type="checkbox"/> Masturbation – Privacy Issues <input type="checkbox"/> Sexting <input type="checkbox"/> Pornography <input type="checkbox"/> Exposing Oneself <input type="checkbox"/> Voyeurism <input type="checkbox"/> Inappropriate Sexualized Comments <input type="checkbox"/> Online Sexualized Behaviour <input type="checkbox"/> Other (Specify):		
<b>A brief history of Concerning Sexual Behaviours/Allegations:</b>		

<b>Caregiver Name:</b>	<b>Caregiver Name:</b>
Relationship:	Relationship:
Address:	Address:
(Area Code) + Phone:	(Area Code) + Phone:
<b>School Information:</b>	
School Name:	
School Address:	
School Contact:	Grade:
School Contact Telephone:	School Contact Email:

Please fill out form completely

**Referral Source:**

<b>Name:</b>		<b>Fax:</b>	
Telephone:		Email:	

<b>Diagnoses:</b>	<input type="checkbox"/> Medical <input type="checkbox"/> Mental <input type="checkbox"/> Developmental
	Please Elaborate:

**Safety Concerns:**

**Other Agency Involvement:**

<input type="checkbox"/> FACSFLA	<input type="checkbox"/> Youth Diversion	<input type="checkbox"/> Crown Attorney (Location):
<input type="checkbox"/> Maltby Centre	<input type="checkbox"/> Resolve	<input type="checkbox"/> Other:
<input type="checkbox"/> Kairos	<input type="checkbox"/> Lawyer (Location):	

<b>For St. Lawrence Youth Association OFFICE USE ONLY</b>	
Date Received:	Date Assigned:
Legal History:	
<input type="checkbox"/> Accepted <input type="checkbox"/> Declined; specify	Specialist:
DCS Signature:	