



REFERAL FORM

Date:

The *Service aux jeunes (SAJ)* project is aimed at **young Laval residents between the ages of 12 and 24 who are at risk of involvement or are already involved in a criminal network**. According to your observations and the needs expressed by the young person (and his/her family, if applicable), the team of professionals involved will provide **support** and, if necessary, **individualized referrals** to the appropriate assistance resources in Laval.

Has the youth already been referred to SAJ project prior?

- Yes
- No
- I don't know

In your opinion, the young person being referred is:

- Attracted to—and at risk of involvement in— **criminal** activities and delinquent behavior
- Involved in **criminal** activities and present delinquent behavior

The young person's involvement in the project is **voluntary** and requires his/her **consent** to share information about him/her with the Clinical Committee and the team of professionals involved.

Has the young person agreed to take part in the project?

- Yes
- No (do not fill the following sections), but he/she would like to meet with the Clinical supervisor in order to find out more about the project.

1. INFORMATION ABOUT THE YOUNG PERSON CONCERNED IN THE REQUEST

Young person's name:

Date of birth (DD/MM/YYYY):

Address and zip code:

Home phone number:

If over 14 years of age, cell phone no.:

Language(s) spoken at home:

School attended (if applicable):

Place of employment (if applicable):

Has a parent (or both) been notified of their child's referral to the project?

2. REFERRAL INFORMATION

Name of referrer:

Phone no.:

Email:

Position / relationship with the young person referred:

Organization (if applicable):

Please send the form to projetsaj.laval@gmail.com

If you have any questions, you may contact the Clinical supervisor at 450-543-0413.



3. TO YOUR KNOWLEDGE, DOES THE REFERRED YOUNG PERSON (AND/OR HIS/HER FAMILY) RECEIVE SERVICES FROM ONE OR MORE LAVAL ORGANIZATIONS? IF SO, WHICH ONES?

4. RISK FACTORS

Referral of a young person to the project should be based on the presence of numerous risk factors in several areas of his/her life (individual, peer-related, school, etc.). According to your observations and clinical judgment, check/highlight the factors observed in the young person referred:

a) Individual factors

- Adopting aggressive physical/verbal behaviors
- Has no personal interest or hobbies
- Problematic alcohol and/or drug consumption
- Demonstrates a significant interest in crime and values certain related aspects
- Involvement in criminal activities
- Custody order under the YCJA and/or previous incarceration sentence(s)

b) Family factors

- Conflictful relationships with parents/parental figure
- Low or no level of parental supervision/controls
- Absent parental figure
- Criminalized family members (e.g. parents, aunts/uncles, cousins/brothers, sister; etc.)

c) Peer-related factors

- Association with peers involved in criminal activities or delinquent behavior
- Absence or limited presence of prosocial friends

d) Educational and professional factors

- Disruptive behavior at school
- Low level of school attachment
- Low legal professional aspiration
- Poor academic performance
- Low school attendance rate
- Does not have a job (if no school attendance)

e) Social exclusion

- Exclusion by positive peers
- Low socioeconomic status of the family
- Difficulty of integration and/or search for identity (e.g. cultural, gender, etc.)

5. WHAT IS THE MAIN REASON FOR THE REFERRAL?

6. DID THE REFERRED YOUNG PERSON IDENTIFY AND/OR EXPRESS PARTICULAR NEEDS? IF SO, WHICH ONES?

7. TO YOUR KNOWLEDGE, WHAT STRENGTHS AND/OR PROTECTIVE FACTORS SHOULD BE EMPHASIZED? (E.G., EXTRACURRICULAR ACTIVITIES, FAMILY SUPPORT, HIGH SELF-ESTEEM)?

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