Youth Referral Form  
Odyssey Residential Services

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| My referral  The Steps   1. Complete this form and email it to youthodyssey@odyssey.org.nz 2. We will contact the referrer to make sure we have the right information 3. We will contact the young person | Name: |
| Date Completed: |

Young Person’s Details

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| --- | --- |
| Name: | Date of Birth: |
| Ethnicity: | Gender: |
| Phone Number: | NHI: |
| Address: |  |

Parent or caregiver’s details Referrer’s details

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| --- | --- | --- |
| Name: |  | Name: |
| Relationship to young person: |  | Organisation: |
| Phone Number: |  | Phone Number: |
| Address: |  | Email Address: |
|  | Relationship to young person: |
|  | Address: |
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| Has the young person agreed to this referral? | | | Yes | No |
| Are family members aware of this referral? | | | Yes | No |
| Why are you referring to Youth Odyssey at this time? | | | | |
| What other services and supports are involved? | | | | |
| Does this young person have any historic or current methamphetamine use? | | Yes | | No |
| Are you attaching any additional information, reports, or assessments that will help us to create a programme for this young person? These are very helpful.  *Some common examples are previous alcohol and other drug assessments, school reports, and family group conference reports.* | Yes, and these are: (please list) | No, nothing else attached | | |

Exclusion Criteria

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| Whilst this may not be a factor if you are seeking community-based support, for the safety of our residential programme we have some exclusionary criteria. Please indicate if your young person has been involved in perpetrating any of the following: |  | Fire lighting (if Yes please provide summary): |
|  | Sexual Assault (if Yes please provide summary): |
|  | Murder/Manslaughter (if Yes please provide summary): |
|  | No, nothing of this nature |
| Please note, for young people with an offending history or current charges, Youth Odyssey will require a copy of their Criminal History, Summary of Facts and where available the s333 before acceptance into the programme can be considered. Please attach this information with referral. | | |

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| Please confirm supporting documents are attached: | | |
| My Agreement to Participate | Attached |  |
| Criminal History | Attached | N/A |
| Summary of Facts | Attached | N/A |
| s333 | Attached | N/A |