



Boys & Girls Clubs  
of Calgary

## HERA PROGRAM REFERRAL FORM

Date of Referral: \_\_\_\_\_

Date received in Office: \_\_\_\_\_

### YOUTH INFORMATION

Name: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Current Age: \_\_\_\_\_

Current Address: \_\_\_\_\_

Best Contact # or e-mail: \_\_\_\_\_

### SEXUAL EXPLOITATION

SEXUAL EXPLOITATION RISKS (please check appropriate box)	YES	Suspected	NO	Unsure
Has an older( 5 years or greater age difference) boyfriend /girlfriend/ partner/adult friend ?				
Has had sex /done sexual acts in exchange for food/ clothing/ shelter?				
Has exchanged sex/sexual acts for cigarettes, drugs / alcohol?				
Has had sex/done sexual acts in exchange for money?				
Has received clothing, money, and/or gifts from unknown persons?				
Has had sex/done sexual acts to prevent violence towards self/friends/ family?				
Has sent nude photos via text or social media?				
Has been asked to send provocative photos?				
Has been involved in sexting over cell phone/social media?				
Has attended inappropriate parties? (with older people and/or at hotels/unknown residences or out of town)				
Has been given rides home by unknown persons?				
Had AWOLS to unknown locations? With unknown people?				
Has disclosed sexual exploitation?				
Has a lack of awareness/understanding of being safe?				
Has physical injuries without plausible explanation?				
Has had a change in appearance: weight gain/loss, hygiene, new clothes, makeup, oversexualized dressing?				

**CURRENT LEVEL OF RISK FOR SEXUAL EXPLOITATION (referee assessment) Draw an "x" on the line**

**Low** \_\_\_\_\_ **High**

Please expand on Sexual Exploitation Risks and Sexualized Behaviours :

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**DRUG & ALCOHOL ABUSE**

**CURRENT LEVEL OF RISK FOR DRUG/ALCOHOL ABUSE (referee assessment) Draw an "x" on the line.**

**Low** \_\_\_\_\_ **High**

Drug(s) of choice? \_\_\_\_\_

Other drug/alcohol use? Please explain:

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Frequency of use? \_\_\_\_\_ Unknown    \_\_\_\_\_ Daily    OR Approximately \_\_\_\_\_/week

Has youth been in a treatment facility for drug use?    NO    YES → \_\_\_\_\_ time(s) for \_\_\_\_\_ total days

If YES, where? \_\_\_\_\_ when? \_\_\_\_\_ voluntary or mandated? \_\_\_\_\_

## **MENTAL HEALTH**

**AVERAGE LEVEL OF MENTAL HEALTH STABILITY /WELLNESS OVER LAST THREE MONTHS** (referee assessment) Draw an “x” on the line.

Low \_\_\_\_\_ High

Diagnosed Mental Illness or queries by professionals (Doctor, Psychiatrist, Psychologist, etc.):

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Undiagnosed Mental Illness? (Unofficially diagnosed but suspected):

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## **JUSTICE/PROBATION INVOLVEMENT**

Street/Gang Involvement YES UNKNOWN NO

Explain:

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Criminal/Justice Involvement YES NO

Explain:

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Does the youth every carry weapons? YES UNKNOWN NO

Explain:

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Has the youth been charged with or suspended from school for violent behaviours?

YES NO

Explain:

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Does the youth have a probation officer or is she part of the Diversions Program?

YES NO

Explain:

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**FAMILY INFORMATION**

Legal Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Legal Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Best contact #'s: \_\_\_\_\_

Does youth reside with legal guardian? YES NO

If NO, Where/With whom is youth residing?

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact Information: \_\_\_\_\_

Other relevant information regarding current living situation:  
(Is the youth living on the streets, couch surfing, with family, guardians, friends etc.)

\_\_\_\_\_  
\_\_\_\_\_

Positive family/Friend supports? Please list full name (If known) and relationship:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EDUCATION AND LEARNING NEEDS**

Last School Attended : \_\_\_\_\_ Last Grade Completed: \_\_\_\_\_

Currently attending school? NO Yes → Frequency: \_\_\_\_\_ days/week or \_\_\_\_\_ days/month

On days in attendance is youth able to remain in the classroom? YES NO

Is youth able to stay for the full school day? YES NO

Specialized Program? \_\_\_\_\_

Are there any (psycho)educational assessments, medical reports, or diagnostic letters in school file?

Year	Document Type	Diagnosis/Findings

Additional school information that may help us understand this youth:

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Best School Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**CURRENT GOVERNMENT OR SOCIAL AGENCY INVOLVMENT AND SUPPORTS**

Please List any current Social Workers, Youth Support Workers, PSECA Workers, etc.

Name	Role/Title/Organization

**SUMMARY**

Has this application been discussed with the youth? YES NO

Does the youth want to be a part of the Hera Program? YES NO

Does the parent/guardian want the youth to be a part of the Hera Program? YES NO

**Please note that as part of the referral process, the details around the referred student may be discussed by several agents, including the Calgary Board of Education, Youth Justice, and Child and Family Services. The information discussed is confidential and will not be discussed further than required.**

Name of Person Completing Referral: \_\_\_\_\_

Title/Position/Relationship to Youth: \_\_\_\_\_ Known youth how long \_\_\_\_\_  
(if not parent)

Best Contact Number: \_\_\_\_\_ E-mail \_\_\_\_\_

Consent of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Note: If consent is not available, please indicate the reason (e.g. safety concerns, no parental involvement, etc)**

**We will contact you after review of the referral to either set up a Readiness Assessment for the Hera program, or provide you with information on other programs or resources.**

If any of the following is available, please attach:

PSH Assessment Copy of PSECA Agreement  
Info Con/Case Summary Probation Orders  
Court Summary Health Assessments  
Educational Assessments Service Plans IPP

**Please return completed referral form and documentation to:**

**The Hera Program c/o Boys and Girls Clubs of Calgary**

**Fax: (403) 276-9988**

**Email: [tmedeiros@bgcc.ab.ca](mailto:tmedeiros@bgcc.ab.ca)**

**Attn: Tiffany Medeiros, Program Coordinator**