****

**藍巴士賽馬會結伴成長計劃**

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| 轉介機構/單位： |  | | | | | | | | | | | | | | | | | | |
| 轉介者姓名： |  | | | | | | | | | | | | | | | | | | |
| 聯絡地址： |  | | | | | | | | | | | | | | | | | | |
| 聯絡電話： |  | | | | | 傳真號碼： | | | | | | |  | | | | | | |
| 1. **個人資料** | | | | | | | | | | | | | | | | | | | |
| 個案編號： | |  | | | | 開案/重開日期： | | | | | | | | |  | | | | |
| 案主姓名： (中) | |  | | | | (英) | | |  | | | | | | | 性別： | |  | |
| 身份證明文件號碼： | |  | | | | 聯絡電話： | | | | |  | | | | | | | | |
| 居住地址： | |  | | | | | | | | | | | | | | | | | |
| 出生日期：(年/月/日) | |  | 年齡： | | | |  | | | 出生地點： | | | | □香港 / □其他 | | | | | |
| 就讀學校名稱： | |  | | | | | 教育程度： | | | | |  | | | | | | | |
| 曾接受其他服務之機構名稱及其服務： | | | |  | | | | | | | | | | | | | | | |
| 其他同住家庭成員： | |  | | | | | | | | | | | | | | | | | |
| 1. **在囚及更生家長資料** | | | | | | | | | | | | | | | | | | | |
| 案主姓名： (中) | |  | | | (英) | | | |  | | | | | | | | 性別： | |  |
| 身份證明文件號碼： | |  | | | | | | 聯絡電話： | | | | | |  | | | | | |
| 與案主之關係： | |  | | | | | | 婚姻狀況： | | | | | |  | | | | | |
| 出生日期：(年/月/日) | |  | 年齡： | | | |  | | | 服刑編號： | | | |  | | | | | |
| 犯罪記錄： | |  | | | | | | | | | | | | | | | | | |
| 是否有其他情緒及行為問題（如吸毒及精神病患記錄）？如有，請簡述： | | | | | | | | | | | | | | | | | | | |
| 1. **個案撮要** | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| 1. **轉介理由及建議** | | | | | | | | | | | | | | | | | | | |
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| 1. **備註** | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |

**個案轉介信**

負責同工： 日期：