**  
Blue Bus Jockey Together We Grow Project**

**Referral Form of Child Case**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Referring Agency/Unit: | |  | | | | | | | | | | | | | | |
| Name of Referrer: | |  | | | | | | | | | | | | | | |
| Contact Address: | |  | | | | | | | | | | | | | | |
| Contact Number: | |  | | | | Fax Number: | | | |  | | | | | | |
| 1. **Personal Particular of Applicant** | | | | | | | | | | | | | | | | |
| Case No.: |  | | | | | Date of Open/ Re-open: | | | | | | |  | | | |
| Name: (Eng) |  | | | | | (Chi) | | |  | | | | | Sex: |  | |
| I/C Number: |  | | | | | Contact Number: | | | | |  | | | | | |
| Address: |  | | | | | | | | | | | | | | | |
| DOB: (DD/MM/YY) |  | | Age: |  | | | | Place of Birth: | | | | □HK □Others: | | | | |
| School Name: |  | | | | | Education Level: | | | | |  | | | | | |
| Social Service Received from other Agencies: (if any) | | | | | | | |  | | | | | | | | |
| Other family members living with the applicant: | | | | | | |  | | | | | | | | | |
| 1. **Family Member with Conviction Records** | | | | | | | | | | | | | | | | |
| Name: (Eng) |  | | | | (Chi) | | | |  | | | | | Sex: | |  |
| I/C Number: |  | | | | Contact Number: | | | | | |  | | | | | |
| Relationship: |  | | | | Marital Status: | | | | | |  | | | | | |
| DOB: (DD/MM/YY) |  | | Age: |  | | | | Prisoner No.: | | |  | | | | | |
| Conviction Record: |  | | | | | | | | | | | | | | | |
| Any behavioral/ habitual problem (e.g. drug addiction, mental health problem)?  Please describe briefly: | | | | | | | | | | | | | | | | |
| 1. **Case Summary** | | | | | | | | | | | | | | | | |
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| 1. **Reason for Referral** | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| 1. **Remarks** | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |

Signature: Date: