**
Blue Bus Jockey Together We Grow Project**

**Referral Form of Child Case**

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| 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**
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| 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**
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| 1. **Remarks**
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|  |

Signature: Date: