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Probation Medical and Mental Health Clearance Form PROBATION MEDICAL AND MENTAL HEALTH CLEARANCE FORM THIS FORM MUST BE COMPLETED PRIOR TO THE YOUTH BEING ACCEPTED FOR DETENTION SCREENING Youths Name: DOB: Todays Date: Arresting Agency: PART 1 SERIOUS PHYSICAL CONDITION: F.S. 985.115(2)(c) requires that instead of the department accepting a youth suffering from a physical condition who appears to be...

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#1107-7330-137 Street, Surrey, BC, V3W 1A3 Phone: 604-597-0205 Fax: 604-597-0488 CHILD AND YOUTH MENTAL HEALTH PROGRAM REFERRAL FORM Referral Date: Referral Taken By: Referral Source Name: Agency: Phone#: Childs Name: Childs D O B: Address: Phone #: Mothers Name: Fathers Name: Language Spoken at Home: Parents Aware of Referral: Yes No Contact Person: (if parents are not guardians of referred child...

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