

**The Society of Rehabilitation and Crime Prevention, Hong Kong**  
**Blue Bus Service Project**  
**Referral Form**

Referring	_____		
Agency/Unit:	_____		
Name of Referrer:	_____		
Contact Address:	_____		
Contact Number:	_____	Fax Number:	_____
<b>A) Personal Particular of Applicant</b>			
Case No.:	_____	Date of Open/ Re-open:	_____
Name:	_____	(Chi)	_____ Sex: _____
(Eng)	_____		
I/C Number:	_____	Contact Number:	_____
Address:	_____		
DOB: (DD/MM/YY)	_____	Age: _____	Place of Birth: <input type="checkbox"/> HK <input type="checkbox"/> Others: _____
School Name:	_____	Education Level:	_____
Social Service Received from other Agencies: (if _____			
any)			
Other family members living with the applicant: _____			
<b>B) Family Member with Conviction Records</b>			
Name:	_____	(Chi)	_____ Sex: _____
(Eng)	_____		
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: _____			
_____			
<b>C) Case Summary</b>			
<b>D) Reason for Referral</b>			
<b>E) Remarks</b>			

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_