**YOS YOUTH SUBSTANCE MISUSE OFFICER REFERRAL**

1. YOS Case Manager completes referral and sends to YOS YSM

**YOS YOUTH SUBSTANCE MISUSE OFFICER REFERRAL**

Case manager to complete.

Young Person’s name:

Young Person’s age:

Disposal from YOS:

Any safeguarding concerns

|  |  |
| --- | --- |
| Worries | Working Well |
|  |  |

|  |
| --- |
| **YOS YSMO to complete:** |
| Intervention Goals |  |
| Appointments agreed: |  |
| Review date: |  |