YOUTH REFERRAL FORM

ALL INFORMATION ASKED FOR BELOW WILL BE KEPT IN STRICTEST CONFIDENCE AND IS FOR AGENCY USE ONLY.

_____ _____

Date Referred **Court Counselor or Referral Source**

Child's Name

_____

(First) (Middle) (Last) (Suffix)

Age _____ **Phone (____)** _____

Date of Birth _____ **SS#** _____

Race _____ **Sex** _____ **Height** _____ **Weight** _____

School Status at Admission: ***(Please Circle)***

Enrolled **Dropped Out** **Expelled (Long Term Suspension)** **Graduated**

School _____ **Grade** _____

Principal/Guidance Counselor _____

Directions to the Home _____

_____

_____

_____

YOUTH REFERRAL FORM (CONTINUED)

LEGAL STATUS

Does the child meet the 60% category (referred by Juvenile Court or Law Enforcement) _____
Or the 40% category (all other referral sources)? _____

Circle the appropriate word or phrase:
Youth-at-Risk Intake/Diverted Petition Filed Adjudicated Court Supervision Probation Aftercare
Court Counselor Consultation Referred from District Court Referred from Superior Court

Specific Offense: (Person Crime, Property Crime, Victimless Crime, Runaway, Truancy, Ungovernable, Neglected, Dependent, Abused, Other)

Diversion/Disposition: N/A, Diversion Plan, Diversion, Contract, Protective Supervision, Level I, Level II, Level III, Post Release Supervision, other.

Substance Abuse Service Referral: N/A, Assessment/Eval. Only, Education Only, Assessment/Eval. & Education, Treatment

Date placed on probation/supervision: _____ Length: _____

Personal History

_____Juvenile Court (Include all petitions filed) _____Runaway _____Suspended/Expelled
_____Secure Custody (Count one time for each individual incident in Detention Center, Training School, etc.)
_____Other Agencies, i.e. DSS, MH (Please specify) _____

Any additional information: _____
_____
_____
_____

YOUTH REFERRAL FORM (CONTINUED)

YOUTH INFORMATION (Attach additional information page if necessary)

Assuming the child's acceptance into this program, what type of volunteer could best serve this child (age, background, etc.)?

_____

_____

What are the major needs of the youth that a volunteer might meet?

_____

_____

Are there any special problems a volunteer should know about?

_____

_____

What are the youth's interests, hobbies, favorite sports and activities?

_____

_____

List problems with academics, discipline, and/or attendance.

_____

_____

LIST MEMBERS OF YOUTH'S CURRENT HOUSEHOLD:

NAME	RELATIONSHIP TO YOUTH	AGE	SCHOOL/OCCUPATION
1.			
2.			
3.			
4.			
5.			
6.			

YOUTH REFERRAL FORM

INFORMATION ABOUT PARENTS OR GUARDIANS:

Name _____ **Relationship to Youth** _____
Employment _____
Work# _____ **Home#** _____ **Cell#** _____

Name _____ **Relationship to Youth** _____
Employment _____
Work# _____ **Home#** _____ **Cell#** _____

Family Status: **Single** _____ **Separated** _____ **Married** _____ **Remarried** _____ **Divorced** _____ **Widowed** _____

INFORMATION ABOUT ABSENT PARENT:
Does he/she have contact with youth? _____ **If yes, how often?** _____
When did the youth last see parent? _____
Does parent have legal visiting rights? _____
Where does he/she live? _____

_____ _____
Signature of Referral Source **Title/Position of Referral Source**

_____ _____
Date **Person Completing this Form**