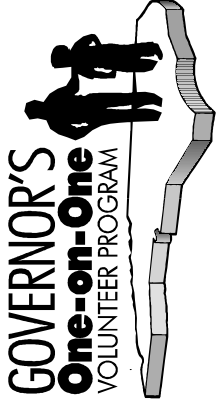


YOUTH REFERRAL FORM

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: <i>(Please Circle)</i>			
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.

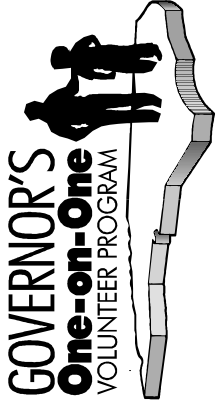
Substance Abuse Service Referral: N/A, Assessment/Eval. Only, Education Only, Assessment/Eval. & Education, Treatment

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?

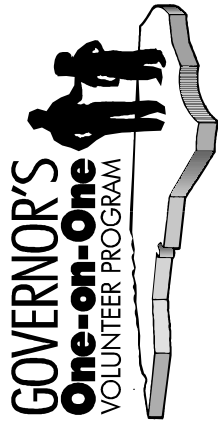
What are the youth's interests, hobbies, favorite sports and activities?

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

LIST MEMBERS OF YOUTH'S CURRENT HOUSEHOLD:

NAME	RELATIONSHIP TO YOUTH	AGE	SCHOOL/OCCUPATION
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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