

Program Referral Form

Referral Date: \_\_\_\_\_

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Male

Female

Race \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Mailing Address \_\_\_\_\_ Living with \_\_\_\_\_

Physical Address \_\_\_\_\_ Relationship \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_ Home or Cell Phone \_\_\_\_\_

Work phone \_\_\_\_\_ Place of Business \_\_\_\_\_

Emergency Contact (Name & Relationship) \_\_\_\_\_  
Name & Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

School attended \_\_\_\_\_ Grade \_\_\_\_\_ Status  Enrolled  Drop-out  
 Long Term Suspension/Expulsion  
 Other Specify \_\_\_\_\_

Illness/Disability (Nature, treatment, etc.) \_\_\_\_\_

Medical History & Medications \_\_\_\_\_

Referral source:  Juvenile Court  
 Other Specify \_\_\_\_\_

Legal status: (Check one)

- At-risk
- CC Consultation
- Intake/Diverted
- Petition Filed
- Adjudicated
- Court Supervision
- District Court
- Superior Court

Disposition Level:

- N/A
- Diversion Plan
- Diversion Contract
- Protective Supervision
- Level I
- Level II
- Level III
- PR Supervision
- Other

History:

- Court complaints
- OSS
- Secure Custody
- Runaways

Substance Abuse Svcs

- N/A
- Assessment Only
- Education Only
- Assessmnt & Educ.
- Treatment Services

Referral Reason

- Property Crime
- Person Crime
- Victimless Crime
- Runaway
- Truancy
- Ungovernable
- Neglect
- Dependent
- Abused
- Other

Reason for Referral

Signed by \_\_\_\_\_ Date \_\_\_\_\_ Title \_\_\_\_\_ Agency \_\_\_\_\_