



Communities
In Schools

Chatham County

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 _____ Age _____ Phone _____
(First) (Middle) (last) (Suffix)

Address _____ Zip Code _____

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 _____

LEGAL STATUS

Does the child have involvement with the following agencies:

Department of Juvenile Justice Delinquency Prevention ___ no ___ yes

If yes, how long _____ Court Counselor _____

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)

Additional services: Substance Abuse ___ no ___ yes

If yes, with what agency? _____

Mental Health ___ no ___ yes

If yes, with what agency? _____

Department of Social Services ___ no ___ yes

If yes, who is the social worker? _____

Other agencies: Name and involvement with youth

PERSONAL HISTORY (Include actual number)

_____ Juvenile Court _____ Runaway _____ Suspended/Expelled
(Include all petitions filed)

_____ Secure Custody (count one time for each individual incident in Detention)

ANY ADDITIONAL INFORMATION:

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 or Occupation
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1. _____
2. _____
3. _____
4. _____

INFORMATION ABOUT PARENTS OR GUARDIANS:

Name _____ Relationship to Youth _____

Employment _____ Home # _____ Work # _____
Email address _____

Name _____ Relationship to Youth _____

Employment _____ Home # _____ Work # _____
Email address _____

Family Status: Single ___ Separated ___ Married ___ Remarried ___ Divorced ___ Widowed ___

INFORMATION ABOUT ABSENT PARENT:

Does he/she have contact with youth? _____ If yes, how often? _____

Is he/she currently incarcerated? _____ If yes, where? _____

Circle one: Federal Prison State Prison Local Prison County Jail

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