



St. Lawrence Youth Association

Youth Justice Family Worker Referral Form

Date of Referral (mm/dd/yy):

Name of Young Person:	
Referred by:	
Probation Officer (if applicable):	

GENERAL REFERRAL INFORMATION:

YOUTH LOCATION at the time of Referral:

Youth Address:

Youth Phone contact:

YP Language of Choice:

Current Placement Type:

- With Parent/Caregiver Detention/Custody Facility Shelter
 Independent Living FACSFLA Care Other (Specify):

General Youth Information:

DOB (mm/dd/yy):

Gender: Male Female
 Other (Specify):

Occurrence #:

Caregiver Name:		Caregiver Name:	
Relationship:		Relationship:	
Address:		Address:	
Home (Area Code) + Phone:		Home (Area Code) + Phone:	
Work (Area Code) +Phone:		Work (Area Code) +Phone:	
Cell (Area Code) +Number:		Cell (Area Code) +Number:	

School Information:

School Name:

School Address:

School Contact:

Grade:

Referral Source:	Reason for Referral – Select all that apply:	
Youth Diversion <input type="checkbox"/> EJM <input type="checkbox"/> EJS <input type="checkbox"/> Risk of Truancy - Probation Probation <input type="checkbox"/> Truancy Charges <input type="checkbox"/> Kairos Participation Other: <input type="checkbox"/> YMHCW Diversion Plan <input type="checkbox"/> FACSFLA <input type="checkbox"/> Intersections <input type="checkbox"/> One Roof <input type="checkbox"/> Situation Table <input type="checkbox"/> TIPS <input type="checkbox"/> Other (Specify):	Skill building areas: <input type="checkbox"/> Communication <input type="checkbox"/> Problem Solving <input type="checkbox"/> Role Agreement <input type="checkbox"/> Supervision <input type="checkbox"/> Budgeting/Finances	<input type="checkbox"/> Substance Abuse Child <input type="checkbox"/> Increase School Progress/Attendance <input type="checkbox"/> Address Crisis <input type="checkbox"/> Appropriate Consequences <input type="checkbox"/> Employment <input type="checkbox"/> Healthy Relationships <input type="checkbox"/> Transition Planning <input type="checkbox"/> Peer Relationships <input type="checkbox"/> Emotional Regulation <input type="checkbox"/> Other (Specify):

Medical/Safety Concerns:	Please specify:
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DOCUMENTATION ATTACHED (Include relevant assessments/documentation available):

- Youth Diversion RNA/Youth Probation RNA
- Police Synopsis
- Other (Specify):

Potential Safety Concerns:

Additional Information/Comments:

For St. Lawrence Youth Association OFFICE USE ONLY	
Date Received:	Date Assigned:
<input type="checkbox"/> Accepted <input type="checkbox"/> Declined; specify	Specialist:
DCS Signature:	