

# County Juvenile Probation Residential Program Referral Form



**Referral Date** \_\_\_\_\_

Program Name \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Juvenile Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone \_\_\_\_\_

Contact \_\_\_\_\_  
 Fax \_\_\_\_\_  
 Parent Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone \_\_\_\_\_

Significant family/guardian information \_\_\_\_\_

## EDUCATIONAL INFORMATION

Last School Attended \_\_\_\_\_ Grade \_\_\_\_\_  
 Contact \_\_\_\_\_ Title \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Educational Goals \_\_\_\_\_  
 Vocational Training \_\_\_\_\_ IEP \_\_\_\_\_

## MEDICAL

Issues or concerns:

Medications:

## JUVENILE'S STRENGTHS

Current YLS Risk Level	Score	Date
<p><u>Top Three</u> Criminogenic Needs/Driver _____</p>		
<p>Responsivity Factors (most significant)</p>		

**CASE PLAN AND TREATMENT GOALS**

- \_\_\_\_\_ Anger Management
- \_\_\_\_\_ Victim Awareness
- \_\_\_\_\_ Job Readiness
- \_\_\_\_\_ Appropriate Peer Selection
- \_\_\_\_\_ Drug/Alcohol Concerns
- \_\_\_\_\_ Address gang affiliation
- \_\_\_\_\_ CBT groups

- \_\_\_\_\_ Sexual Offending/Fire setting
- \_\_\_\_\_ Community Service Hours
- \_\_\_\_\_ Address Family Interactions
- \_\_\_\_\_ Life Skills/Independent Living
- \_\_\_\_\_ Mental health concerns
- \$ \_\_\_\_\_ Restitution
- \$ \_\_\_\_\_ Court costs

Case Plan Goals/Other:

\_\_\_\_\_  
Description of offense(s)

\_\_\_\_\_  
Offender's attitude toward  
victim, crime committed &  
treatment

**VICTIM INFORMATION**

- \_\_\_\_\_ Copy of Victim Impact Statement attached
- \_\_\_\_\_ Victim did not wish Impact Statement to be used in treatment

Issues regarding home passes \_\_\_\_\_

**RELEASE RESOURCE**

Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ Relationship \_\_\_\_\_  
 \_\_\_\_\_

**AFTERCARE PLAN & SERVICES** *(including youth's planned living arrangement, education, and employment)*

\_\_\_\_\_