



PARTNERS OF DELTA, MONTROSE, AND OURAY COUNTIES

315 S 7th Montrose, CO 81401 Office: 970 249 1116 FAX: 970 249 7798

JUNIOR PARTNER REFERRAL FORM

PLEASE TYPE OR PRINT

DATE: _____

Agency Person Making Referral

Agency Making Referral

phone:

Address

ZIP

This form is to be completed by the agency of referral and returned to Partners, 315 S. 7th St. Montrose, CO 81401. Information will be kept confidential and will be used to assist the case manager in matching the child with an appropriate Mentor. Please take the time to fill in all information completely.

CHILD IDENTIFYING DATA

AGE: _____ **SEX:** _____ **ETHNIC ORIGIN:** _____

NAME: _____ **D.O.B:** ____/____/____
First Last

ADDRESS: _____
Street City State Zip

Mother: _____ **Phone:** _____

Father: _____ **Phone:** _____

Client living with: _____
Name Relationship

Occupation/work hours

Work phone

Home phone

Language spoken in the home: _____

Brothers/sisters and significant others in the home (please include ages of each):

_____ **age:** _____ **age:** _____

_____ **age:** _____ **age:** _____

_____ **age:** _____ **age:** _____

FAMILY HISTORY

PHYSICAL ABUSE

SEXUAL ABUSE/INCEST

NEGLECT

CHEMICAL DEPENDENCY/ALCOHOLISM

SUICIDAL TENDENCIES

DISABILITY

RAPE/TEEN PREGNANCY

MENTAL HEALTH ISSUES

VIOLENCE IN THE HOME

CONSTANT RELOCATION

FAMILIAL DIFFICULTY WITH THE LAW

LOW ECONOMIC STATUS

BEHAVIOR

CHILD "ACTS OUT" AT HOME OR IN SCHOOL:

HAS CHILD RUN AWAY? YES _____ NO _____

CHILD HAS COUNSELING NEEDS (please discuss):

DISPLAYS FOLLOWING BEHAVIOR PATTERNS:

_____ overly dependent on peers/parent figures

_____ quiet

_____ withdrawn

_____ early experimentation with drugs/alcohol

_____ passive

_____ aggressive

_____ delinquency behavior (list below under legal)

_____ acting out

_____ destructive

_____ fearful

_____ temper tantrums

Comments:

IS CHILD DEPRESSED?

DOES CHILD HAVE A DRUG OR ALCOHOL PROBLEM?

SCHOOL

SCHOOL PRESENTLY ATTENDING: _____ GRADE: _____

WORKING AT GRADE LEVEL: _____ IN SPECIAL EDUCATION PROGRAM: _____

SCHOOL COUNSELOR/SOCIAL WORKER/OTHER: _____

PHONE: _____

PHONE _____

CHILD IS NOT ADEQUATELY FUNCTIONING IN SCHOOL AS EVIDENCED BY:

- | | |
|-----------------------------------|--|
| _____ low grades | _____ poor peer relations |
| _____ low motivation | _____ fighting |
| _____ learning disability | _____ withdrawn |
| _____ poor attendance | _____ defiant of authority/questioning rules or instructions |
| (including truancy and tardiness) | _____ disrupts classroom environment |

PARTICIPATION IN SCHOOL ACTIVITIES: _____

COMMENTS _____

LEGAL

Please list ALL contacts with police and juvenile system, including all contacts in other jurisdictions if possible.

DATE	OFFENSE	# OF PERSONS INVOLVED	OUTCOME
1. _____			
2. _____			
3. _____			

PROBATION: yes ___ no ___

PROBATION OFFICER: _____ PHONE: _____

DIVERSION: yes ___ no ___

DIVERSION COUNSELOR: _____ PHONE: _____

OTHER AGENCIES WORKING WITH CHILD/FAMILY

AGENCY	DATE OF SERVICE	CONTACT PERSON	PHONE

CHILD'S INTERESTS: _____

RECOMMENDATION FOR MATCHING: _____

HAVE YOU INFORMED THE FAMILY/LEGAL GUARDIAN OF THIS REFERRAL? _____ YES _____ NO
If not, please do so.