



**PARTNERS OF DELTA, MONTROSE, AND OURAY COUNTIES**

511 E. 10<sup>th</sup> Street, Delta, CO 81416 Office: 970-874-4661 FAX: 970-874-1057

***JUNIOR PARTNER REFERRAL FORM***

**PLEASE TYPE OR PRINT**

**DATE:** \_\_\_\_\_

\_\_\_\_\_  
Agency Person Making Referral

\_\_\_\_\_  
Agency Making Referral

\_\_\_\_\_  
phone: \_\_\_\_\_ ad

\_\_\_\_\_  
dress

\_\_\_\_\_  
ZIP

This form is to be completed by the agency of referral and returned to Partners, 511 E. 10th St. Delta CO 81416. Information will be kept confidential and will be used to assist the case manager in matching the child with an appropriate Senior Partner. 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| _____ overly dependent on peers/parent figures      | _____ quiet      | _____ withdrawn       |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 \_\_\_\_\_

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**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.