**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **CONSUMER NAME:** | Age and DOB:  |
| Parent/Guardian name: | Parent/Guardian Phone Number and provider if known: |
| Parent/Guardian name: | Parent/Guardian Phone Number and provider if known: |
| Living Situation: | * Male
* Female
 |
| Address: | City, State, Zip: |
| Race:**O** White **O** Black **O** Hispanic  **O** Asian **O** Other **O** Indian-Tribe\_\_\_\_\_ | Social Security Number: |
| Custody:**O** Parent **O** Legal Guardian **O** DHS **O** JSU  **O** Other\_\_\_\_\_\_\_\_\_\_\_\_ | Guardianship or Divorce Decree Required or On File |
| Legal Status:**O** None **O** INS **O** Del **O** Dep  **O** Int  | Parent/Guardian Email: |
| School:**O** In Attendance **O** Suspended **O** Not Attending **O** NA  | Health Insurance Type and Number: |
| School Presently Attending: Grade: | Client Residence:**O** Catchment Area  **O** In State **:**  County **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  |
| **Reason For Referral O** Danger to Self/Others**O** Home/Family Problems **O** Anger Management**O** Home/Family – Respite **O** Drug/Alcohol Problems**O** Home/Family – Crisis **O**  Physical Abuse **O** Awaiting Placement – Foster **O** Sexual Abuse **O** Awaiting Placement – Kinship **O** Neglect**O** AwaitingPlacement – Treatment **O** Emotional Abuse **O** Awaiting Placement - Detention **O** Suicide Attempt/Threat**O** School Problems or Truancy **O** Pick-up Order**O** Runaway **O** Protective Custody**O** Law Violation **O** Self-esteem Problems**O** Depression  **O** Parenting Skills/Education**O** Risk of being Delinquent **O** Peer Pressure/Stress | **Referral Source****O** Self**O** Friend**O**  Family**O** JSU**O** Child Welfare**O** Court/D.A.**O** Sheriff**O** Police Department**O** School Police Department**O**  School**O** Other \_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_** | **Reason for Referral:** |
| **Referral Source Name:** | **Referral Source Contact info:** | **Suggested program:** |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature / Title of Referring Person Date

*OFFICE USE ONLY*