**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*