

WCRJ - REFERRAL FORM

Circle Conference
RESTORE (Petty Theft)
Family Alternatives to Drugs

Family Attendance Circles
Smart Behaviors
Other:

Youth Name:

DOB:

Age:

Language:

Gender:

Address:

Offense/Charge:

Date of Offense:

Case/Ticket#

Check any of the following that may apply:

Peer Conflicts

Attendance

Academic Performance

Suspension(s)

Expulsion(s)

Behavioral Referrals

Mental Health

Family

Suicidal

Homicidal

Violence/Aggression

Substance Use

BCOP(Beyond Control of Parent)

Running Away

Gang Involvement

Other:

Other Support Services Provided to the Youth:

REFERRING AGENCY:

Point of Contact Name:

Email:

Phone:

Expected Termination Date:

Will Successful completion reduce charges on Expulsion, Suspensions, or dismiss Case?

Yes:

No

Other:

Are any other individuals involved?

Yes

No

If Yes, are they being referred also?

Yes

No If Yes, Name:

PARENT/GUARDIAN NAME:

Language:

Email:

Phone:

Address (if different than youth):

VICTIM NAME:

Language:

Age:

Phone:

Address:

Summary of Events:

This Program costs \$200. Will work on a sliding scale.

NOTE: To be a suitable case, the referred youth must be willing to take his/her responsibility in this matter. Is he/she willing to take responsibility? Yes No

Please send completed Referral Form to ReferRJ@YouthandFamilyConnections.org