

ASHLAND PARENTING PLUS

YOUTH INTERVENTION SERVICES - MENTORING REFERRAL

ALL ITEMS IN THIS BOX MUST BE COMPLETED FOR REFERRAL TO BE CONSIDERED.

Juvenile's Name: _____

DOB: _____ AGE: _____ Gender _____ Ethnicity _____

Address: _____

Parent(s) Telephone: _____

Student Phone: _____ E-mail: _____

School District: _____ Grade: _____

Names & Addresses of all parents & guardians (Indicate relationship to the Juvenile)

Custodian Parent / Guardian: _____

Please indicate which of the following area is the primary concern for this child:

___ Court involvement ___ Out of home placement ___ Lack of family stability

___ Behavioral Issues ___ Truancy/School Issues ___ Social Issues

◆ Summary of current reason(s) this child is being referred to the program:

◆ What areas of concern do you have regarding this child:

___ Home ___ Mental Health ___ Substance Use

___ School ___ Domestic Violence ___ Abuse / Neglect

___ Peers ___ Overburdened Parent(s) ___ Financial Concerns

___ Other: _____

♦ List the child's known peers: _____

♦ Has the child had any court involvement? _____ If yes, please list dates, charges filed, and case disposition(s), if known:

♦ List any charge(s) pending: _____

♦ List any additional comments or concerns: _____

Referred by: _____

Agency: _____

Address: _____

Contact Number(s): _____

E-mail: _____

Date of Referral: _____

Signature

Date

This box for APP/JFS Office Use Only:

JUVENILE'S NAME:	
Referral Date:	Determination:
Initial Contact:	