

Johnston County Youth Mentoring Program



YOUTH REFERRAL FORM

ALL INFORMATION ASKED FOR BELOW WILL BE KEPT IN STRICTEST CONFIDENCE AND IS FOR AGENCY USE ONLY.

Date Referred _____ Court Counselor or Referral Source _____

Child's Name _____ Age _____ Phone _____
(First) (Middle) (last) (Suffix)

Address _____ Zip _____
Code _____

Date of Birth _____ SS# _____ Race _____ Sex _____ Height _____ Weight _____

School Status at Admission: *(Please circle)*
Enrolled, Dropped out, Expelled (Long Term Suspension), Graduated

School _____ Grade _____

Principal/Guidance Counselor _____

Directions to the home _____

LEGAL STATUS

Does the child meet the 60% category (referred by Juvenile Court or Law Enforcement) or the 40% category (all other referral sources)? _____

Circle the appropriate word or phrase: Youth-at-Risk, Intake/Diverted, Petition Filed, Adjudicated, Court Supervision, Probation, Aftercare, Court Counselor Consultation, Referred from District Court, Referred from Superior Court

Specific Offense: (Person Crime, Property Crime, Victimless Crime, Runaway, Truancy, Ungovernable, Neglected, Dependent, Abused, Other)

Diversion/Disposition: N/A, Diversion Plan, Diversion, Contract, Protective Supervision, Level I, Level II, Level III, Post Release Supervision, other.

Substance Abuse Service Referral: N/A, Assessment/Eval. Only, Education only, Assessment/Eval. & Educ., Treatment

Date placed on probation/supervision: _____ Length _____

PERSONAL HISTORY (Include actual number)

_____ Juvenile Court _____ Runaway _____ Suspended/Expelled
(Include all petitions filed)

_____ Secure Custody (count one time for each individual incident in Detention Center, Training School, etc.)

_____ Other Agencies, i.e. D.S.S., M.H. (Please specify) _____

ANY ADDITIONAL INFORMATION:

YOUTH INFORMATION (Attach additional information page if necessary)

Assuming the child's acceptance into this program, what type of volunteer could best serve this child (age, background, etc.)?

What are the major needs of the youth that a volunteer might meet?

Are there any special problems a volunteer should know about?

What are the youth's interests, hobbies, favorite sports and activities?

List problems with academics, discipline, and/or attendance.

LIST MEMBERS OF YOUTH'S CURRENT HOUSEHOLD:

Name	Relationship to Youth	Age	School or Occupation
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

INFORMATION ABOUT PARENTS OR GUARDIANS:

Name _____ Relationship to Youth _____

Employment _____ Home # _____ Work # _____

Name _____ Relationship to Youth _____

Employment _____ Home # _____ Work # _____

Family Status: Single ___ Separated ___ Married ___ Remarried ___ Divorced ___ Widowed ___

INFORMATION ABOUT ABSENT PARENT:

Does he/she have contact with youth? _____ If yes, how often? _____

When did the youth last see parent? _____

Does parent have legal visiting rights? _____

Where does he/she live? _____

Signature of Referral Source

Title/Position of Referral Source

Date

Person Completing This Form