

Who were you referred by?:

- Self-referral
- Street Outreach
- Residential Program
- Other Public Agency or Program
- Law Enforcement/Police
- Mental Hospital
- Other Private Organization
- Individual (other adult or relative)
- Dept. of Human Services
- Hotline
- Juvenile Justice
- Religious Organization
- School Name: _____
- Other: _____

Referral Source Name: _____ Phone Number: _____

Last Grade Completed:

- Less than Grade 5
- Grades 5-6
- Grades 7-8
- Grades 9-10
- Grades 11-12
- GED
- Some College
- School Program Does Not Have Grade Levels
- Do Not Know

School Status:

- Attending school regularly
- Dropped out
- Expelled
- Don't Know
- Attending school irregularly
- Suspended
- Graduated High School

Name of School Attending: _____ Phone Nbr _____

Are you now or have you been in other programs? (State child welfare agency, public juvenile justice system) _____

If yes, Where & When? _____

Number of months (1-12): _____

Number of years (if over 12 months, check one):

- 1-2
- 3-5
- More than 5

Case Manager: _____

Parole Officer: _____

Been asked to leave other programs? _____ If yes, why? _____

Youth ever accused/convicted of sexual perpetration? _____ (If yes, explain)

Meds? _____ If yes, explain _____

Danger to self or others? _____ If yes, explain _____

Suicidal ideation or attempts? _____ If yes, explain _____

Duty to warn? _____ If yes, who contacted _____ Time/Date _____

Are you employed? _____ If yes, where? _____ Name of Supervisor _____

Address of employer _____ City _____

Schedule of hours currently working _____