



REFERRAL HISTORY

DEMOGRAPHIC INFORMATION:

LAST NAME: _____ FIRST NAME: _____ MI: _____

DOB: _____ SSN: _____ AKA: _____

PHYSICAL MARKS: _____

SEX: _____ HT: _____ WT: _____ HAIR: _____

EYES: _____ RACE: _____ CORRECTIVE LENSES: _____

PARENT/GUARDIAN: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME TELEPHONE: _____ WORK TELEPHONE: _____

WITH WHOM IS YOUTH CURRENTLY RESIDING? _____

LEGAL INFORMATION:

COMMITTING COURT: _____ COMMITTING JUDGE: _____

LEGAL REPRESENTATIVE NAME/PHONE NUMBER: _____

_____ COURT APPOINTED _____ PRIVATE

CURRENT CASE# _____ ORC # _____ OFFENSE LEVEL: _____

ARE THERE ANY OTHER CONCURRENT OFFENSES FOR WHICH THERE WAS ADJUDICATION?

____ YES ____ NO

TYPE OF ADMISSION: ____ NEW

____ READMISSION FOR NEW OFFENSE

____ RELAPSE DURING AFTERCARE

DOES YOUTH ADMIT TO DRUG AND ALCOHOL USE AT TIME OF OFFENSE?: ____ YES ____ NO

DID YOUTH USE A WEAPON?: ____ YES ____ NO TYPE OF WEAPON: _____

PROPERTY DAMAGE? ____ YES ____ NO

AGE OF VICTIM IF OFFENSE AGAINST PERSON: _____

VICTIM'S RELATIONSHIP TO OFFENDER: _____

WAS VICTIM PHYSICALLY INJURED?: _____ YES _____ NO

AGE OF FIRST ADJUDICATION: _____ YEARS _____ MONTHS

NUMBER OF PRIOR ADJUDICATIONS (EXCLUDING COMMITTING AND CURRENT OFFENSES):

F1 _____ F2 _____ F3 _____ F4 _____ F5 _____

MISDEMEANOR _____ UNRULY _____ PROB. VIOLATION _____

MOST SERIOUS PRIOR DISPOSITION:

_____ DYS COMMITMENT _____ NON-SECURE PLACEMENT
_____ SECURE PLACEMENT _____ SUSPENDED COMMITMENT
_____ PRIOR COMMITMENT _____ OTHER, SPECIFY _____
_____ PROBATION _____
_____ NOT APPLICABLE

PRIOR DYS NUMBER: _____

EDUCATION INFORMATION:

WAS YOUTH ENROLLED IN SCHOOL AT THE TIME OF OFFENSE?: _____ YES _____ NO

LAST SCHOOL ATTENDED: _____

CURRENT GRADE: _____ EMPLOYED: _____ YES _____ NO

TYPE OF EDUCATION: _____ MAINSTREAM _____ VOCATIONAL _____ GRADUATED
_____ SPECIAL ED _____ SUSPENDED _____ EXPELLED
_____ HOME INSTRUCT _____ GED _____ DROP OUT
_____ CHAPTER ONE

DOES YOUTH HAVE A CURRENT INDIVIDUALIZED EDUCATIONAL PLAN (I.E.P.)?: _____ YES _____ NO

MENTAL HEALTH/SUBSTANCE USE INFORMATION:

SUBSTANCE USE: _____ YES _____ NO SUBSTANCE ABUSE: _____ YES _____ NO

TYPE OF SUBSTANCE: _____ DRUG _____ ALCOHOL _____ BOTH

PRIOR SUBSTANCE ABUSE TREATMENT: _____ NONE
_____ RESIDENTIAL
_____ OUTPATIENT

NAME OF TREATMENT CENTER IF APPLICABLE: _____

HAS YOUTH EVER TRIED TO COMMIT SUICIDE?: _____ YES _____ NO

DOES YOUTH HAVE A HISTORY OF SELF MUTILATING BEHAVIOR?: _____ YES _____ NO

DOES YOUTH HAVE A HISTORY OF FIRE SETTING?: _____ YES _____ NO

HAS YOUTH EVER BEEN IN COUNSELING? _____ YES _____ NO

IF YES, WHERE? _____

MEDICAL INFORMATION:

FAMILY PHYSICIAN: _____

ADDRESS: _____ PHONE: _____

DOES YOUTH HAVE ANY CHRONIC HEALTH ISSUES REQUIRING ON-GOING CARE?

EXPLAIN: _____

DOES YOUTH HAVE ANY ALLERGIES TO MEDICATION?: _____ YES _____ NO

EXPLAIN: _____

DOES YOUTH HAVE ANY ALLERGIES TO FOOD, INSECT BITES, ANIMALS, OR ENVIRONMENTAL ALLERGIES?: _____ YES _____ NO

EXPLAIN: _____

IS YOUTH CURRENTLY TAKING ANY MEDICATION?: _____ YES _____ NO

IF YES, LIST TYPE, DOSAGE, AND START DATE: _____

HAS YOUTH EVER BEEN SEXUALLY ABUSED?: _____ YES _____ NO

IF SO, BY WHOM? _____

HAS YOUTH EVER BEEN PHYSICALLY ABUSED?: _____ YES _____ NO

IF SO, BY WHOM? _____

SIGNATURE OF INTERVIEWEE DATE

SIGNATURE OF INTERVIEWER DATE

****PLEASE ATTACH COPY OF CRIMINAL PRIORS AND ANY OTHER PERTINENT INFORMATION.

****IF ACCEPTED INTO THE PROGRAM, COPIES OF THE FOLLOWING ARE NEEDED: BIRTH CERTIFICATE, SOCIAL SECURITY CARD, IMMUNIZATION RECORD, SCHOOL RECORDS, INSURANCE/MEDICAL CARD, AND COMMITTING JOURNAL.