|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **REFERRAL SOURCE** | | | | | | | | |
| Region | Western | | CSU # | 22 | | Referral Date: | |  |
| CSU Staff Name: | |  | | | | | | |
| E-Mail | |  | | | Phone: | |  | |

**JUVENILE’S NAME:**  \_\_\_\_\_\_\_\_\_\_ **JUVENILE NUMBER:** \_\_ \_\_\_\_\_

**DOB:**   **AGE:**   **GRADE:** \_\_\_\_\_\_\_

**RACE:** \_\_\_\_\_\_\_\_.Hispanic or Latino **GENDER:** \_\_\_\_

**OVERALL RISK LEVEL:** \_\_\_\_\_\_\_. **DYNAMIC RISK LEVEL:** \_\_\_\_\_\_

**BACKGROUND**

**CRIMINOGENIC NEEDS:**  \_\_\_\_\_\_\_ \_\_\_\_\_\_\_

**CURRENT SUPERVISION STATUS:** \_\_\_\_\_\_. **ANTICIPATED SUPERVISION:** \_\_\_\_\_\_.

**DIVERSION START DATE:** \_\_\_\_. **DIVERSION END DATE:** \_\_\_\_\_\_

**CURRENT LIVING SITUATION:** \_\_  **CUSTODIAN**

**OTHER CURRENT/ RECENT SERVICES:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FUNDING SOURCES:**  Medicaid  CSA  Private Insurance  Other:

**BGC SERVICE REQUESTED: (1)** \_\_\_\_\_ **(2)** \_\_\_\_

**SERVICE REQUEST**

**SIBLINGS/ HOUSEHOLD MEMBER(S):** \_\_\_\_\_\_

**AREAS OF RESPONSIVITY:**  \_\_\_\_\_\_

**REQUESTED START DATE:**

**RATIONALE FOR *ALL* REQUESTS**

**RATIONALE**: Summarize how the requested service or intervention addresses the identified criminogenic needs and priorities as identified by the YASI Risk Assessment and family dynamics).

**DOCUMENTS ATTACHED**  Attach all appropriate information for new referrals.

**BADGE Face Sheet**

**Release Form** (for all youth)

YASI Wheel/ Pre-screen

**Club Application Attached** \*A Club Application must be completed by the parent/ guardian prior to services.

**Confirm HERE.** I, verify that this referral packet is complete and all required documents are included.

The **Supervisor Review** occurred on with **.**

*Please check to insure the referral is complete and all necessary items are attached.*