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| --- |
| **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.*