|  |  |
| --- | --- |
|  | **REFERRAL SOURCE** |
| Region  |   | CSU # |   | FIPS # |   | Referral Date: |   |
| PO Name: |  |   |
| E-Mail |   | Phone: |   |
| CAP Staff: |  |   |
| E-Mail |   | Phone: |   |

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

**DOB:**   **AGE:**   **RACE:**   **GENDER:** \_\_

**SEXUAL OFFENDER REGISTRY**:

**BACKGROUND**

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

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

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

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

**OTHER CURRENT/ RECENT SERVICES:**

**OTHER FUNDING SOURCES:** [ ]  Medicaid [ ]  CSA [ ]  Private Insurance [ ]  Other:

 **DSS INVOLVED/ FOSTER CARE?** [ ]  YES [ ]  NO

 **Explain alternative funding sources utilized, explored, and/or ruled out:**

**OTHER CURRENT/ RECENT SERVICES:**

**CRIMINOGENIC NEED SERVICE DOSAGE PROVIDER (DSP)**

|  |  |  |  |
| --- | --- | --- | --- |
|  \_\_\_\_\_\_\_ |   |   |   |
|  \_\_\_\_\_\_\_  |   |   |   |
|  \_\_\_\_\_\_\_ |   |   |   |
|  \_\_\_\_\_\_\_ |   |   |   |

**POTENTIAL BARRIERS INCLUDE:** (check all that apply): [ ]  Language [ ]  Transportation [ ]  Trauma

**SERVICE REQUEST**

**AREAS OF RESPONSIVITY:**

**REFERRAL TYPE:**   **REQUESTED START DATE:**  or OTHER: .

**SERVICE LOCATION:**

**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 Behavioral Analysis. Provide a rationale for use of specific a DSP, service type, and dosage (including frequency and length of services request).
FOR EXTENSIONS - Provide a summary of the progress, the reason an extension is being requested, anticipated discharge date, the specific targets to be addressed, and outcomes to be met if services continue

**FOR PSYCHOLOGICALS AND EVALUATIONS**

**DATE OF COURT ORDER:**   **NEXT COURT DATE:**

**OFFENSE TYPE:**  \_\_\_\_\_\_\_\_\_\_\_\_  **COMMITMENT ELIGIBLE?**  [ ]  Yes [ ]  No

**INDIGENT?**  [ ] Yes [ ] No **DETAINED?**  [ ]  Yes [ ]  No If yes, where

**GOAL OF THE EVALUATION/ QUESTIONS TO BE ANSWERED:**

**FOR PAROLE AND DIRECT CARE CASES ONLY**

**DIRECT CARE PLACEMENT (JCC/CPP):**  \_\_\_\_\_\_\_\_\_\_\_

**COMMITMENT DATE:**  **ANTICIPATED PAROLE DATE:** \_\_\_\_\_\_\_\_

**COMMITTING OFFENSES:**  **MENTAL HEALTH ELIGIBLE?**

**RECOMMENDATIONS FROM CCRC, JCC, OR CPP:** \_\_\_\_

**FOR INDEPENDENT LIVING AND/OR RESIDENTIAL PROGRAMS ONLY**

Summarize the home environment, explain why the juvenile cannot return home and summarize other placement options pursued/exhausted (e.g. parents, relatives, other adults, DSS, DRS). Indicate: Where the juvenile live at the completion of the placement; the back-up plan if funding or bed space is not available; community-based services, if any, will be needed as a supplement to services provided by the residential placement; the juvenile’s educational status; and how will his/ her educational needs be met during the residential placement.

**EDUCATION STATUS:** \_\_\_\_

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

[ ]  **BADGE Face Sheet**

[ ]  CAP Assessment(s)

[ ]  Case Plan[ ]  Court Order

[ ]  JCC/BSU Reports

[ ]  MHSTP [ ]  **Release Form**

[ ]  YASI Behavioral Analysis

[ ]  Social History[ ]  YASI Wheel

[ ]  Other list here

**Confirm HERE.** I, verify that this referral packet is complete, 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.*