

# Pamlico Pals YOUTH REFERRAL FORM

(ALL INFORMATION ASKED BELOW WILL BE KEPT IN STRICTEST CONFIDENCE AND IS FOR AGENCY USE ONLY.)

<b>Date Referred:</b>		
<b>CHILD'S INFORMATION:</b>		
(first) (middle) (last)		
<b>Child's Name:</b>		
<b>Address:</b>		
<b>Date of Birth:</b>	<b>Age:</b>	<b>Social Security #:</b>
<b>Race:</b> <input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Native American Indian <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Other <input type="checkbox"/> Unknown		<b>Sex:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female  <b>Height:</b> _____ <b>Weight:</b> _____
<b>School:</b>	<b>Grade:</b>	<b>Principal/Guidance Counselor:</b>
<b>School Status At Admission:</b> <input type="checkbox"/> Enrolled <input type="checkbox"/> Dropped Out <input type="checkbox"/> Home School <input type="checkbox"/> Expelled (Long Term Supervision) <input type="checkbox"/> Graduated <input type="checkbox"/> GED/ABE <input type="checkbox"/> EC (IEP, 504 plan)_____		<b>Living Arrangements:</b> <input type="checkbox"/> Parents <input type="checkbox"/> Mother Only <input type="checkbox"/> Father Only <input type="checkbox"/> Other Relative(s) <input type="checkbox"/> Foster Care <input type="checkbox"/> Group Home <input type="checkbox"/> Multi-Purpose Home <input type="checkbox"/> Institution (YDC) <input type="checkbox"/> Independent Living <input type="checkbox"/> Secure Custody <input type="checkbox"/> Wilderness Camp <input type="checkbox"/> Other _____
<b>PARENT/GUARDIAN INFORMATION</b>		
(first) (middle) (last)		
<b>Parent/Guardian Name:</b>		
<b>Relationship to Youth:</b>		<b>Employer:</b>
<b>Home Phone:</b>	<b>Cell Phone:</b>	<b>Work Phone:</b>
<b>Directions to Home:</b>		
<b>REFERRAL SOURCE</b>		
Please check one of the referral sources listed below:		
<input type="checkbox"/> Juvenile Court <input type="checkbox"/> DARE Officer <input type="checkbox"/> School Resource Officer <input type="checkbox"/> Local Law Enforcement (City, County, etc.)	<input type="checkbox"/> Self <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> School System <input type="checkbox"/> DSS <input type="checkbox"/> Mental Health <input type="checkbox"/> Clergy <input type="checkbox"/> Family Therapy <input type="checkbox"/> Secure Custody <input type="checkbox"/> YDC <input type="checkbox"/> Therapeutic Wilderness Camp <input type="checkbox"/> Multi-purpose Home <input type="checkbox"/> Other _____	
<b>OFFICE USE ONLY</b>		
<input type="checkbox"/> 60% Category		<input type="checkbox"/> 40% Category

<b><u>Legal Status:</u></b> <input type="checkbox"/> Court Counselor Consultation <input type="checkbox"/> Youth at Risk <input type="checkbox"/> Intake/Diverted <input type="checkbox"/> Protective Supervision <input type="checkbox"/> Adjudicated <input type="checkbox"/> Petition Filed <input type="checkbox"/> Probation <input type="checkbox"/> Referred from District Court <input type="checkbox"/> Referred from Superior Court <input type="checkbox"/> Commitment	<b><u>Type of Court Complaint:</u></b> <input type="checkbox"/> Delinquency (Property Crime) <input type="checkbox"/> Runaway <input type="checkbox"/> Delinquency (Person Crime) <input type="checkbox"/> Truancy <input type="checkbox"/> Delinquency (Victimless Crime) <input type="checkbox"/> N/A <input type="checkbox"/> Ungovernable <input type="checkbox"/> Unknown
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<b><u>Referral Reason:</u></b> <input type="checkbox"/> Problem Behavior (Victimless Crime) (Specify): _____ <input type="checkbox"/> Runaway <input type="checkbox"/> Truancy <input type="checkbox"/> Ungovernable <input type="checkbox"/> Neglected <input type="checkbox"/> Dependent <input type="checkbox"/> Abused <input type="checkbox"/> Other _____	<b><u>Explain Other Referral Reason:</u></b>  
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<b><u>Diversion/Disposition:</u></b> <input type="checkbox"/> N/A <input type="checkbox"/> Diversion Plan <input type="checkbox"/> Diversion Contract <input type="checkbox"/> Protective Supervision <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Post Release Supervision Plan <input type="checkbox"/> Other	<b><u>Substance Abuse:</u></b> <input type="checkbox"/> N/A <input type="checkbox"/> Assessment/Eval. Only <input type="checkbox"/> Education Only <input type="checkbox"/> Assessment/Eval. Educ. <input type="checkbox"/> Treatment
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<b><u>Date Placed on Probation/Supervision:</u></b>  	<b><u>Length of Probation/Supervision:</u></b>  
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**PERSONAL HISTORY (Include actual numbers)**

<input type="checkbox"/> <b><u>Juvenile Court</u></b> <i>(Include No.# of all petitions filed)</i>	<input type="checkbox"/> <b><u>Runaway</u></b> <i>(Indicate No.# of runaways below)</i>	<input type="checkbox"/> <b><u>Suspended/Expelled</u></b> <i>(Indicate No.# of suspensions/expulsions in the space provided below)</i>	<input type="checkbox"/> <b><u>Secure Custody</u></b> <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6+ <i>(Count one time for each individual incident in Detention Center, Training School, etc.)</i>
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**Other Agencies, i.e. D.S.S., M.H. –**     0     1     2     3     4     5     6

*Please Specify:*

**ANY ADDITIONAL INFORMATION:** *(Please provide any information conducive to a successful mentorship. Be sure to include special needs, hobbies, and interests.)*

<b><u>Signature of Referral Source:</u></b> <i>(must have original signature)</i>	<b><u>Title/Position of Referral Source:</u></b>
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<b><u>Date:</u></b>	<b><u>Person Completing This Form:</u></b>
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