

NC DPS JUVENILE JUSTICE/JCPC REFERRAL FORM

(Please print or type*)

Date of Referral:	- - (MM – DD – YYYY)	NC-JOIN ID:	
Program:		County:	

Client Name:		DOB:		*SSN	xxx-xx-	Gender:	M <input type="checkbox"/> F <input type="checkbox"/>
Hispanic/Latino <input type="checkbox"/>	Race:	School/Grade:					
Legal Guardian:			Relationship to juvenile:			Phone:	
Physical Address:			City:			Zip:	
Mailing Address:			City:			Zip:	

Is there Juvenile Justice Involvement?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is participation in this program court ordered?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is participation in this program a part of a diversion plan/contract?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Court Counselor:	Phone:	Email:
*NCAR Risk Score:	YASI Pre-Screen Numeric Score:	

Current Legal Status:	Problem Behaviors \ Risk Indicators:		
<input type="checkbox"/> NA/No Juvenile Justice Involvement <input type="checkbox"/> Court Counselor Consultation <input type="checkbox"/> SRO/Law Enforcement Diversion <input type="checkbox"/> Vulnerable Juvenile <input type="checkbox"/> Diversion Plan/Contract <input type="checkbox"/> Petition Filed <input type="checkbox"/> Deferred Prosecution <input type="checkbox"/> Adjudicated Undisciplined Disposition Pending <input type="checkbox"/> Adjudicated Delinquent Disposition Pending <input type="checkbox"/> Protective Supervision <input type="checkbox"/> Probation <input type="checkbox"/> Commitment <input type="checkbox"/> Post Release Supervision (PRS) <input type="checkbox"/> Continuation Services <input type="checkbox"/> Interstate Compact	<u>INDIVIDUAL</u> <input type="checkbox"/> Bullying Behavior <input type="checkbox"/> Negative Labeling/Bullied <input type="checkbox"/> Crime/Delinquency (unreported & reported) <input type="checkbox"/> Fighting/Assault/Aggressive Behavior <input type="checkbox"/> Fire Setting <input type="checkbox"/> Impulsive/Risk Taking <input type="checkbox"/> Mental Health Issues/Depression/Anxiety/Temper Tantrums <input type="checkbox"/> Poor Social Skills/Anti-social <input type="checkbox"/> Run Away from Home <input type="checkbox"/> Self-Mutilation <input type="checkbox"/> Sexually Active <input type="checkbox"/> Sexual Offense <input type="checkbox"/> Sexual/Physical/Mental Abuse/ Victimization/ Trauma	<u>INDIVIDUAL (continued)</u> <input type="checkbox"/> Substance Use (alcohol or drugs) <input type="checkbox"/> Suicide Attempts <input type="checkbox"/> Suicidal Ideation/Threats <u>FAMILY</u> <input type="checkbox"/> Excessive Dependence on Parents <input type="checkbox"/> Family Conflict <input type="checkbox"/> Lack of Discipline by Parent or Child is Ungovernable <input type="checkbox"/> Siblings or Parent/Guardian on Probation or Incarcerated <input type="checkbox"/> Substance Use in Home <u>SCHOOL</u> <input type="checkbox"/> Academic Failure/Behind Grade Level for Age <input type="checkbox"/> Behavior Problems: Disruptive in Class/ Referrals to Office/ Suspensions	<u>SCHOOL (continued)</u> <input type="checkbox"/> Truancy/Skipping School <u>PEER</u> <input type="checkbox"/> Gang Associate or Member; or Gang Involvement <input type="checkbox"/> Negative Peer Associations/ Association with Aggressive Peers <input type="checkbox"/> Typically Associates with Negative Older Persons <u>COMMUNITY</u> <input type="checkbox"/> Availability or Perceived Access to Drugs <input type="checkbox"/> Disadvantaged/ Disorganized/ Impoverished Neighborhood <input type="checkbox"/> Feeling Unsafe in Home Neighborhood <input type="checkbox"/> High Crime Rate in Home Neighborhood

Prior Adjudications: Has the juvenile had any prior adjudications?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, list the number of prior adjudications for each category below.	
	Prior Undisciplined #	
	Prior Class 1-3 misdemeanors #	
	Prior Class F-I felonies or A 1 misdemeanors #	
	Prior Class A-E felonies #	
Prior Assaults: Has the juvenile had any prior delinquent complaints for assault?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, list the number of prior delinquent complaints for assault for each category below.	
	Involvement in an affray #	
	Yes, without a weapon #	
	Yes, without a weapon, inflicting serious injury #	
	Yes, with a weapon #	
Additional Client Information:		
Does the client speak English? Yes <input type="checkbox"/> No <input type="checkbox"/>	What is the primary language spoken in the household?	
Does the client have an Exceptional Designation (EC or IEP)?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
List any current medical problems:		
List all current medications:		
Does client have private medical insurance?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Does client have Medicaid/ Health Choice?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
If "No," has parent/guardian applied for Medicaid or Health Choice?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is the client on EHA (Electronic House Arrest) or Electronic Monitoring (EM)?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is the client currently on ATD (Alternative to Detention) status with Juvenile Court Services?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Enter the number of problems the client has experienced over the previous 12 months:		
Number of Runaways		<input type="checkbox"/> Unknown
Number of Short-Term Suspensions		<input type="checkbox"/> Unknown
Number of Long-Term Suspensions		<input type="checkbox"/> Unknown
Number of Expulsions		<input type="checkbox"/> Unknown

Additional Comments:

Name of Person Making Referral:

Title:

Phone:

Email:

Describe the reason you're referring this client to this Program / What specific changes in knowledge/skills/abilities/behavior do you seek as a result of participation in the program?

***Date Referral Received by Program:**

- - (MM - DD - YYYY)

***For Program Use Only**