

# NC DPS JUVENILE JUSTICE/JCPC UNIVERSAL REFERRAL FORM

(Please print or type)

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

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

<b>Is there Juvenile Justice Involvement?</b>	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:
Client Risk Score:	YASI Pre-Screen Score:	

<b>Current Legal Status:</b>	<b>Problem Behaviors \ Risk Indicators:</b>		
<input type="checkbox"/> NA/No Juvenile Justice Involvement <input type="checkbox"/> Court Counselor Consultation <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 <input type="checkbox"/> Continuation Services <input type="checkbox"/> Interstate Compact	<u><b>INDIVIDUAL</b></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><b>INDIVIDUAL (continued)</b></u> <input type="checkbox"/> Substance Use (alcohol or drugs) <input type="checkbox"/> Suicide Attempts <input type="checkbox"/> Suicidal Ideation/Threats <u><b>FAMILY</b></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><b>SCHOOL</b></u> <input type="checkbox"/> Academic Failure/Behind Grade Level for Age <input type="checkbox"/> Behavior Problems: Disruptive in Class/ Referrals to Office/ Suspensions	<u><b>SCHOOL (continued)</b></u> <input type="checkbox"/> Truancy/Skipping School <u><b>PEER</b></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><b>COMMUNITY</b></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

<b>Most Serious Prior Adjudications:</b> Has the juvenile had any prior adjudications?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, check the <b>most serious</b> prior adjudication below:	
	Prior Undisciplined	
	Prior Class 1-3 misdemeanors	
	Prior Class F-I felonies or A 1 misdemeanors	
	Prior Class A-E felonies	

<b>Most Serious Prior Assaults:</b> Has the juvenile had any prior delinquent complaints for assault?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, check the <b>most serious</b> category of assault below:	
	Involvement in an affray	
	Yes, without a weapon	
	Yes, without a weapon, inflicting serious injury	
	Yes, with a weapon	
Yes, with a weapon, inflicting serious injury		

**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"/>		

**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:**

<b>Name of Person Making Referral:</b>	
<b>Title:</b>	
<b>Phone:</b>	
<b>Email:</b>	
<b>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? :</b>	
<b>Date Referral Received by Program:</b>	- - (MM - DD - YYYY)