



Parks, Recreation and
Neighborhood Services

Youth Intervention Services Referral-Assessment Form

Program Referred to: Safe School Campus Initiative S.T.A.N.D Clean Slate Tattoo Removal Program

REFERRING AGENCY INFORMATION

Date :		Receiver Name and Program:	
Referred by:		Agency:	Agency Contact #

PARTICIPANTS INFORMATION

Participant's Name:		Age:		DOB:	
Gender:		City:		Message/Page/Cell #	
Address:		Phone # (W):			
Phone # (H):					
Alt. Phone #:					
Ethnicity:	<input type="checkbox"/> Latino <input type="checkbox"/> Filipino <input type="checkbox"/> Samoan <input type="checkbox"/> Vietnamese <input type="checkbox"/> Caucasian <input type="checkbox"/> African-American <input type="checkbox"/> Other:				

LIVING ARRANGEMENTS

<input type="checkbox"/> Both parents	<input type="checkbox"/> Mom	<input type="checkbox"/> Dad	<input type="checkbox"/> Grandparents	<input type="checkbox"/> Relative	<input type="checkbox"/> Self	<input type="checkbox"/> Boy/Girlfriend
<input type="checkbox"/> Spouse	<input type="checkbox"/> Friend	<input type="checkbox"/> Group Home	<input type="checkbox"/> Foster Home	<input type="checkbox"/> Homeless	<input type="checkbox"/> Shelter	<input type="checkbox"/> Other:

Father's Name		Address:		Phone #	
Mother's Name		Address:		Phone #	
Legal Guardian		Relation		Phone #	
Language Spoken at Home	<input type="checkbox"/> Spanish <input type="checkbox"/> Tagalog <input type="checkbox"/> Vietnamese <input type="checkbox"/> Chinese <input type="checkbox"/> English <input type="checkbox"/> Other:				

BACKGROUND INFORMATION

School:		Grade:		School contact and #:	
Probation/Parole Officer:		Phone #:			
Probation/Parole Status:					
Current Agency Involvement:					
Identified issues/Services Needed					
<input type="checkbox"/> Youth Development Groups	<input type="checkbox"/> Anger	<input type="checkbox"/> Runaway	<input type="checkbox"/> Tattoos		
<input type="checkbox"/> Employment	<input type="checkbox"/> Fighting	<input type="checkbox"/> Alcohol/Drug abuse	<input type="checkbox"/> Truancy		
<input type="checkbox"/> Low Self-esteem	<input type="checkbox"/> Domestic Violence	<input type="checkbox"/> School Issues (Specify):	<input type="checkbox"/>		
<input type="checkbox"/> Parent Workshops	<input type="checkbox"/> Mental Health Issues (Specify):	<input type="checkbox"/> Gang Affiliation (Specify):	<input type="checkbox"/> Other (Specify):		

Additional Comments:	
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Office use only: Supervisor Comments:	
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Referred to:	
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FOLLOW UP DONE BY: _____	Date: _____
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