

# PROUD PROGRAM 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>                   |       |               | <b>Relationship to juvenile:</b> |      |         | <b>Phone:</b> |   |
| 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: |  |
|-------------------|--|--------------------------------|--|

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

|  |   |                                  |
|--|---|----------------------------------|
| <b>Prior Adjudications:</b><br>Has the juvenile had any prior adjudications?                   | Yes <input type="checkbox"/> No <input type="checkbox"/><br>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 #  |                                  |
| <b>Prior Assaults:</b><br>Has the juvenile had any prior delinquent complaints for assault?    | Yes <input type="checkbox"/> No <input type="checkbox"/><br>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 #  |                                  |
| <b>Additional Client Information:</b>  |   |                                  |
| 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"/>  |                                  |
| <b>Enter the number of problems the client has experienced over the previous 12 months:</b>    |   |                                  |
| 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**