

NC DPS JUVENILE JUSTICE/JCPC UNIVERSAL 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:				Phone:			
Legal Guardian's relationship to client:							
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:
Client Risk Score:	YASI Pre-Screen 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"/> 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 Revised 12_2020	<p><u>INDIVIDUAL</u></p> <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	<p><u>INDIVIDUAL (continued)</u></p> <input type="checkbox"/> Substance Use (alcohol or drugs) <input type="checkbox"/> Suicide Attempts <input type="checkbox"/> Suicidal Ideation/Threats <p><u>FAMILY</u></p> <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 <p><u>SCHOOL</u></p> <input type="checkbox"/> Academic Failure/Behind Grade Level for Age <input type="checkbox"/> Behavior Problems: Disruptive in Class/ Referrals to Office/ Suspensions	<p><u>SCHOOL (continued)</u></p> <input type="checkbox"/> Truancy/Skipping School <p><u>PEER</u></p> <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 <p><u>COMMUNITY</u></p> <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

Most Serious Prior Adjudications: Has the juvenile had any prior adjudications?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, check the <u>most serious</u> prior adjudication 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, check the <u>most serious</u> 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:

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)