YouthDiversionLHflat

OUTREACH REFERRAL FORM

ESSEX COUNTY DIVERSION PROGRAM Date of Referral:

|  |  |
| --- | --- |
| **Client Information** | |
| |  |  |  |  | | --- | --- | --- | --- | | Youth’s Name: |  |  |  | |  | Last Name | First Name | Middle Initial |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Address: |  |  |  |  |  | |  | Street Number | Street Name | City | Province | Unit/Apt# |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | Date Of Birth: |  |  |  |  |  |  |  | |  | Day | Month | Year | Age | Gender | School | Grade |  |  |  |  |  | | --- | --- | --- | --- | | Home Number: |  | Cell Phone Number: |  | | |
| **Referral Source** | |
| Self-Referral (Youth)  Parent/Family Member  School  Community Partner  Probation  Other | |  |  | | --- | --- | | Referral Sources Name: | | | School/Agency Referring (If Applicable): | | | Relationship to Youth: | | | Phone Number: | Alt #: | | Email Address: | | |
| **Referral to Programs** | |
| Please check all programs that you are referring the youth to:  Rebound Life Choices  #keepyourprivatesprivate  #keepyourprivatesprivateJR  Teen Intervene  L.O.S.S  Time to L.A.G | |
| **Reason For Referral** | |
| Please explain the reason for the referral or any concerns you have: | |
| Does this youth have a Youth Court Record or have they been involved with Youth Probation or Youth Justice?  Yes  No  Unknown  Does this youth have any non-associations? If yes please state with whom | |
| **Availability** | |
| Upon receiving the referral what are the best days and times to contact you?    What are the best days and times to set up an intake with the youth? | |
| Date Referral is Received (Diversion Staff Only): | |