

BRIEF COMMUNITY INTERVENTION PROGRAM REFERRAL (COURT)

Youth's Name:	Case Number:	Next Hearing (type):
Address:	PO Worker: Phone #	<input type="checkbox"/> Court Ordered <input type="checkbox"/> Non-Judicial
Mother's Name: Father's Name: Home Number: Cell Number:	Languages Spoken: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: Interpreter Needed: <input type="checkbox"/> Yes <input type="checkbox"/> No	PSRA/PRA <input type="checkbox"/> High Risk <input type="checkbox"/> Moderate Risk School: School Schedule (hours): School Contact:

LEVEL OF JUVENILE COURT/DHS INVOLVMENT:

<input type="checkbox"/> Intake	<input type="checkbox"/> Probation	<input type="checkbox"/> DCFS	<input type="checkbox"/> System of Care
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SUBSTANCE USE CONCERNS:

Drug/Alcohol Involvement: Non-user Experimental Involved

Currently Attending Individual/Family Counseling or Drug/Alcohol Counseling? Yes No If yes, Provider: _____
Days and Times of Session (s): _____

OTHER CONCERNS:

CHECK ALL THAT APPLY:

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| <input type="checkbox"/> Aggressive | <input type="checkbox"/> Family Issues | <input type="checkbox"/> Mental Health
Diagnosis | <input type="checkbox"/> Gang Involvement | <input type="checkbox"/> Physical Abuse History |
| <input type="checkbox"/> Absconded/Runaway | <input type="checkbox"/> Truancy | <input type="checkbox"/> Suicide History | <input type="checkbox"/> Medical/Dental Needs | <input type="checkbox"/> Sexual Abuse History |

Provide Explanation for Checked Boxes:

