

youthSpark Youth Services Center
REFERRAL FORM



Date of Referral: _____

Referral Agency: _____

Agency Contact/PO: _____ Ph#: _____

Email: _____

Child's Name: _____ Age: ____ DOB: _____

Next Court Date: _____ Type of hearing: _____

Address: _____ City: _____

Zip code: _____ County: _____ Is the child at home? Yes__ No__, where? _____

Parent/Guardian: _____ Relationship: _____

Parent/Guardian Address: _____ Zip Code: _____

Ph#: _____ Alt. Ph# _____

PLEASE CHECK ALL THAT APPLY:

- | | |
|---|---|
| <input type="checkbox"/> Issues related to LGBTQ Identity | <input type="checkbox"/> Open DFCS/DJJ Case |
| <input type="checkbox"/> Victim of Sexual Assault | <input type="checkbox"/> Unstable Housing |
| <input type="checkbox"/> Sex Trafficking/Exploitation | <input type="checkbox"/> School Problems/Truancy |
| <input type="checkbox"/> Risky Sexual Behaviors/Activity | <input type="checkbox"/> Family/In Home Conflicts |
| <input type="checkbox"/> Trauma Exposure | <input type="checkbox"/> Frequent Runaway History |
| <input type="checkbox"/> Issues with Bullying | <input type="checkbox"/> Gang Affiliation |
| <input type="checkbox"/> Substance/Alcohol Use | <input type="checkbox"/> Criminal Activity |
| <input type="checkbox"/> Depression/Suicidal Thoughts | <input type="checkbox"/> Inappropriate Online Activity |
| <input type="checkbox"/> Violation of Probation | <input type="checkbox"/> Inappropriate Adult Relationship |

Is the youth involved in any other community services/programs? Yes () No ()

Please list _____

Please provide additional information that youthSpark may need to be aware of regarding the reason of referral:

Please send completed form to referrals@youth-spark.org