



**JUVENILE JUSTICE SERVICES
REFERRAL FORM
FAMILIES FIRST PROGRAM
Intensive In-Home Family Services Referral Form**

Official Use Only	
Assigned Worker: _____	Family Number: _____
Date Case Assigned: _____	Start Date: _____

Referring Probation Worker: _____ Date: _____
 Probation Officer: _____ Phone: _____
 Address to Send Reports: _____
 Email Address: _____
 Court Status: _____ Language Preference: _____ School: _____

Referred Youth: _____ Juvenile Court Number: _____
 Address: _____ City: _____
 Zip Code: _____ Home Phone: _____ Date of Birth: _____
 Age: _____ Sex: M F Other Programs Youth Involved in: _____

(Please check [✓] if person is living at home.)

Mother: _____ Date of Birth: _____
 Father: _____ Date of Birth: _____
 Step Parent/Guardian: _____ Date of Birth: _____
 Parent/Guardian Work/Cell Phone(s): _____

List all children in home by age.

Name: _____	Age: _____	Date of Birth: _____
Name: _____	Age: _____	Date of Birth: _____
Name: _____	Age: _____	Date of Birth: _____
Name: _____	Age: _____	Date of Birth: _____
Name: _____	Age: _____	Date of Birth: _____

Other people in home:

Name: _____ Relationship: _____ Date of Birth: _____
 Name: _____ Relationship: _____ Date of Birth: _____

Probation Officer explained the Families First program to the parent/guardian previous to submitting this referral and the parents understand that the Families First service is a minimum of six weeks and eight hours per week in the family's home. Yes No

Family Schedule:

Work: Mon. _____ Tues. _____ Wed. _____ Thur. _____
Fri. _____ Sat. _____ Sun. _____

Planned Vacation: _____

Where is the child at the time of this referral? _____

If the youth is not in the home, can he/she be returned home within 7 days? Yes No

Please explain: _____

Problem Checklist: (Please check [✓] any of the following problems that you think the family/youth is experiencing. Also, please identify persons involved and provide a description regarding the degree of the problem in the space below.)

Continuing Problems - Family

- AB Abuse/exploitation by non-family member
- DA Parent drug/alcohol problem
- EA Emotional abuse by a parent
- FV Family violence
- IL Parent handicap/illness
- IR Inadequate physical resources

- NG Neglect
- PA Physical abuse by parent
- PC Parent-Child conflict
- RS Parent too restrictive/protective
- SA Sexual abuse by parent
- UE Parent unemployment

Contributing Problems – Target Youth

- AA Alcohol abuse
- BP Behavior problems/ delinquent
- CC Custody change
- DP Depressed
- DR Drug abuse
- HH Health problem/handicap
- LD Learning disability

- MI Mental/emotional illness
- MR MR/DD
- PG Pregnancy/unwed
- RW Runaway
- SP Suicide potential
- SX Sexual acting out
- TR Truancy

Please Explain: _____

What do you expect the Families First Specialist to accomplish? (improve consequential thinking, increase positive communication, etc.) _____

PRA Identified Risk Level: _____

*****Please include PRA with Summary & Needs Assessment Service Plan**

Identified Risk Factors:

Please Fax to:	Utah Youth Village c/o Wayne Arner (801) 272-9976	Mailing Address:	Utah Youth Village 5800 Highland Dr. Salt Lake City, Utah 84121 (801) 272-9980
Email:	warner@youthvillage.org		