

CPO Approval: _____

AOC Approval: _____

**JUVENILE COURT
FAMILIES FIRST PROGRAM
Intensive In-Home Family Services Referral Form**

Official Use Only

Assigned Worker: _____ Family Number: _____

Date Case Assigned: _____ Start Date: _____

Referring Probation

Date of Referral

Probation Officer:

Phone:

Email Address:

Referred Youth:

Case #:

Gender: M F

Age:

DOB:

Address:

Home Phone:

Cell Phone:

Language Preference:

School/Grade:

Court Status:

Identified Risk Level:

Identified risk factors:

Other Programs the youth is participating in:

Please check(x) if person is living at home:

<input type="checkbox"/> Mother:	Phone Number:
<input type="checkbox"/> Father:	Phone Number:
<input type="checkbox"/> Step Parent/Guardian:	Phone Number:

Other Phone #:	Other Phone #:
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List all children in home by age: (Name, age, relationship to youth)

Name:	Age:	Relationship:
Name:	Age:	Relationship:
Name:	Age:	Relationship:
Name:	Age:	Relationship:

Other people in home (name, age, relationship to youth)

Name:	Age:	Relationship:
Name:	Age:	Relationship:

Please mark if probation explained the Families First program to the parent/guardian and youth prior to submitting this referral. 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:

Mon. Tues. Wed. Thur. Fri. Sat. Sun.

Planned Vacations:

Where is youth at the time of referral?

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

Problem Checklist: Please check (x) 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.

Contributing Problems - Family

<input type="checkbox"/> (AB) Abuse/exploitation by non-family member	<input type="checkbox"/> (NG) Neglect	<input type="checkbox"/> (DA) Parent drug/alcohol problems
<input type="checkbox"/> (PA) Physical abuse by parent/guardian	<input type="checkbox"/> (EA) Emotional abuse by parent/guardian	<input type="checkbox"/> (PC) Parent/Child Conflict
<input type="checkbox"/> (FV) Family Violence	<input type="checkbox"/> (RS) Parent/Guardian too restrictive/protective	<input type="checkbox"/> (IL) Parent Handicap/Illness
<input type="checkbox"/> (IR) Inadequate physical resources	<input type="checkbox"/> (SA) Sexual Abuse	<input type="checkbox"/> (UE) Parent/Guardian Unemployment

Contributing Problems - Target Youth

<input type="checkbox"/> (AA) Youth Alcohol Abuse	<input type="checkbox"/> (DR) Youth Drug Abuse	<input type="checkbox"/> (MI)Mental/Emotional Illness
<input type="checkbox"/> (BP) Behavioral problems/delinquent	<input type="checkbox"/> (RW) Runaway	<input type="checkbox"/> (CC) Custody Change
<input type="checkbox"/> (PG) Pregnancy/unwed	<input type="checkbox"/> (DP) Depressed	<input type="checkbox"/> (ML/MD) Mental Limitations/Disabilities
<input type="checkbox"/> (HP) Health Problems/Handicap	<input type="checkbox"/> (SP) Suicide Potential	<input type="checkbox"/> (SX) Sexually acting out
<input type="checkbox"/> (LD) Learning disability	<input type="checkbox"/> (TR) Truancy	<input type="checkbox"/> Other:

Please provide further explanation of selections as requested above:

Please explain the reason for the referral:

What outcome(s) would you like the youth/family to have from participating in this service?

Note to Probation Officers:

For Probation Officers Use:

Please include the following items with this referral:

- Selected Responsivity Incentives and Protective
- Selected Risk
- Completed Case Plan, once it has been completed

Please E-mail referrals to both Wayne Arner and Brittany Bird

- Warner@youthvillage.org
- Bbird@youthvillage.org