

**S.T.A.R. Youth Program
Communities in Schools
Referral Form**

Referral Source (Name): _____ Date: _____

Self () Parent/Guardian () Friend/Relative () Juvenile Probation () Court Ordered () School ()
CIS Staff () CPS () DFPS/other hotline () Law Enforcement () Clergy/Church () MHMR ()
Other/Private or Youth Agency () Other Source ()

First Name _____ Middle Initial _____ Last Name _____

Social Security # _____ - _____ - _____

Address _____ City _____

State _____ Zip _____ Date of Birth ____/____/____ Age _____

Parent/Guardian Name(s) _____

Home Phone (____) _____ Work/Cell Phone (____) _____

School Name _____	Grade Level _____	Gender: <input type="radio"/> M <input type="radio"/> F
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Presenting Problem:	
<input type="radio"/> Runaway	<input type="radio"/> Delinquent, under age 10
<input type="radio"/> Truancy	<input type="radio"/> Misdemeanor Offense
<input type="radio"/> Family Conflict	<input type="radio"/> State Jail Felony Offense

Information pertaining to Presenting Problem: _____

Open CPS Case: <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown	Is Youth adjudicated or on probation: <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown
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(For S.T.A.R. Case Manager)

Enrollment Date: ____/____/____ Case Manager Assigned: _____

Date client contacted: _____ Client accepted declined services.

Description of efforts to contact client, and/or reason why client declined services:

Date Referral Received: _____