|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **DATE REFERRED:**   /  / | | | **NC JOIN NUMBER**: | | | |
| **\*ELIGIBILITY CRITERIA** | | | | | | |
| Youth is High Risk Level I, Pending Level II Entry at next Court Hearing  Youth is Level II Probation or Pending Post Release Supervision  Legal guardian must be willing to participate in CBT/Wrap-Around services  *\*If the youth referred does not meet the above eligibility criteria, then CBT/Wrap-Around Services cannot be provided.* | | | | | | |
| **YOUTH INFORMATION** | | | | | | |
| *(First) (Middle Initial) (Last)*  **YOUTH’S NAME:** | | | | | | |
| **ADDRESS:** *(Street) (City) (State) (Zip Code)* | | | | | **COUNTY:** | |
| **DATE OF BIRTH :** *(Month/Day/Year)*  /  / | **AGE:** | | | **GENDER:** | | |
| **RACE:** | | | | | | |
| **CURRENT LIVING ARRANGEMENT:** | | | | | | |
| **PARENT/GUARDIAN INFORMATION** | | | | | | |
| *(First) (Middle Initial) (Last)*  **PARENT/GUARDIAN NAME:** | | | | | | |
| **RELATIONSHIP TO YOUTH:** | | | | | | |
| **HOME PHONE:** (   )   -     **CELL PHONE:** (   )   -     **WORK PHONE:** (   )   - | | | | | | |
| **JUVENILE JUSTICE STATUS** | | | | | | |
| **LEGAL STATUS*:***  **CURRENT CHARGE(S): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **DELINQUENCY POINTS:**  **CURRENT RISK ASSESSMENT SCORE:**  **CURRENT NEEDS ASSESSMENT SCORE:** | | | | | | |
| **REFERRAL REASON** | | | | | | |
| **REFERRAL REASON:** *Clearly explain reason for the youth referral.* | | | | | | |
| **AVAILABILTY OF THERAPEUTIC SERVICES** | | | | | | |
| Is the youth receiving Intensive In Home or MST services currently?  If so, what is the name & phone number of that agency? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | Yes  No |
| **JUVENILE COURT COUNSELOR INFORMATION** | | | | | | |
| **COURT COUNSELOR’S NAME:** | | **TELEPHONE NO:** (   )   - | | | | |
| **COURT COUNSELOR’S EMAIL ADDRESS:** | | | | | | |

Please initially e-mail **only** this referral form to [Wayne.Smith@djjdp.nc.gov](mailto:Wayne.Smith@djjdp.nc.gov) for processing. Upon notification of acceptance, you will be asked to provide the following documentation to Eckerd: Application for Admission, DJJDP Risk and Needs Assessments, Mental Health Assessments and Social History, Educational Assessments, Case Plans or Treatment Plans, and name and contact information of previous treatment providers.