|  |  |
| --- | --- |
| **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 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.