

**YOUTH ENRICHMENT SERVICES REFERRAL
POSITIVE YOUTH JUSTICE**

Youth's Name: _____ **Gender:** ____ **Juv #:** _____ **JPC:** _____

Home Address: _____ **City/Zip:** _____

Youth's Cell Phone # & Provider: _____ **Birthdate:** ___/___/___

Landline Phone #: _____ **Date:** _____

Is the Youth Hispanic or Latino(a): Y N **What is Youth's Race?** _____

Parent/Legal Guardian Name: _____ **Cell Phone #** _____

Appointments/Classes/Obligations etc. _____

Is youth presently being detained in secure facility? Y N **Date of release:** _____

FOR OFFENDER CASES ONLY: WITH Court Order WITHOUT Court Order

FOR YOUTH ENRICHMENT SERVICES USE ONLY

P.A.S.S.
(M-F Day & Eve)

J.E.T.S.
(M-F Day)

S.T.E.P.
(M-F After School)

T.T.S.
(Mon-Sun)

WARD
(House Arrest)

S.W.A.P.
(Sa-Su Day & Eve)

Wellness Program
(F-Su Day & Eve)

Number of Days Ordered: _____ **SCOMIS #** _____ **RO ID#** _____

*****VIRTUAL PROGRAMMING*****

Virtual Program: _____ **Access to Computer?** Y N

Internet Access/Wifi: Y N **Email Address:** _____

Grade: _____ **GED Packets:** _____ **Meals?** Y N

FOR YOUTH ENRICHMENT SERVICES USE ONLY

Start Date: _____ **Pick-Up Point/Time:** _____

Allergies: _____

Medical Concerns: _____

Medications: _____

School: _____

Notes: _____