



# Referral for Services

Rev 6/22/16

**Youth** Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Physical Address \_\_\_\_\_ City \_\_\_\_\_ Email \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Facebook Account \_\_\_\_\_  
 School \_\_\_\_\_ Grade Level \_\_\_\_\_ Employer \_\_\_\_\_  
 Country of Birth:  USA  Other \_\_\_\_\_ County of Residence:  Garfield  Pitkin  Other \_\_\_\_\_  
 Ethnicity (mark all that apply)  Latino/Hispanic  Asian  Native American  African American  
 Caucasian/White  Other \_\_\_\_\_  
 Insurance:  Private  Medicaid  CHP+  None  Other \_\_\_\_\_  
 Receive free or reduced school lunch?  Yes  No

**Parents/Guardians**

Name \_\_\_\_\_  Biological  Step  Adoptive  Guardian  
 Physical Address \_\_\_\_\_ City \_\_\_\_\_ Email \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ County of Residence:  Garfield  Pitkin  Other \_\_\_\_\_  
 Employer \_\_\_\_\_ Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_  
 County of Employment:  Garfield  Pitkin  Other \_\_\_\_\_ Employed in gas/oil industry?  Yes  No  
 Ethnicity (mark all that apply)  Latino/Hispanic  Asian  Native American  African American  
 Caucasian/White  Other \_\_\_\_\_

Name \_\_\_\_\_  Biological  Step  Adoptive  Guardian  
 Physical Address \_\_\_\_\_ City \_\_\_\_\_ Email \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ County of Residence:  Garfield  Pitkin  Other \_\_\_\_\_  
 Employer \_\_\_\_\_ Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_  
 County of Employment:  Garfield  Pitkin  Other \_\_\_\_\_ Employed in gas/oil industry?  Yes  No  
 Ethnicity (mark all that apply)  Latino/Hispanic  Asian  Native American  African American  
 Caucasian/White  Other \_\_\_\_\_

**How did you hear about YouthZone?** (Check all that apply)  Court  School  YouthZone staff  Friend  
 E-newsletter  Flyer/Brochure  Newspaper  Radio  Other \_\_\_\_\_

**For YouthZone's Use only** Court Case # \_\_\_\_\_ (Complete ALL – write N/A if not applicable)

**Intake Information:** Date of Intake \_\_\_\_/\_\_\_\_/\_\_\_\_ Staff \_\_\_\_\_ Runaway Risk  Yes  No  
 Risk Level:  I (high)  II (med)  III (low) # in household \_\_\_\_\_ Family Type \_\_\_\_\_ Victim Criteria \_\_\_\_\_  
 Limited English? Client  Yes  No Guardian 1  Yes  No Guardian 2  Yes  No  
 Non Court Reason Referred or Court Charge \_\_\_\_\_ Additional Charges on this Case \_\_\_\_\_  
 Has client had a previous charge?  Yes  No If yes, list charge \_\_\_\_\_  
 Client Fee \$ \_\_\_\_\_ Bill Outside Agency \_\_\_\_\_ \$ \_\_\_\_\_ Business Partner ID # \_\_\_\_\_

**Person Making Referral** \_\_\_\_\_ Phone \_\_\_\_\_ Date Referred \_\_\_\_\_

**Referral Source (check only one)**

<input type="checkbox"/> County Court (Glenwood)	<input type="checkbox"/> Probation	<input type="checkbox"/> School _____
<input type="checkbox"/> County Court (Pitkin)	<input type="checkbox"/> Municipal Court (Carbondale)	<input type="checkbox"/> FACET South
<input type="checkbox"/> County Court (Rifle)	<input type="checkbox"/> Municipal Court (Glenwood)	<input type="checkbox"/> Garfield CMP
<input type="checkbox"/> County Court (Rio Blanco)	<input type="checkbox"/> Municipal Court (New Castle)	<input type="checkbox"/> Garfield FACET for YZ services
<input type="checkbox"/> District Court (Garfield)	<input type="checkbox"/> Municipal Court (Silt)	<input type="checkbox"/> Parent Consultation
<input type="checkbox"/> District Court (Pitkin)	<input type="checkbox"/> Municipal Court (Parachute)	<input type="checkbox"/> Self/Parent
<input type="checkbox"/> District Court (Rio Blanco)	<input type="checkbox"/> Municipal Court (Rifle)	<input type="checkbox"/> YouthZone
	<input type="checkbox"/> Municipal Court (Basalt)	<input type="checkbox"/> Other _____

## Services

### Youth and Family Services

<input type="checkbox"/> Youth and Family Assessment	\$150
<input type="checkbox"/> Pre-Class/Group Assessment	\$30
<input type="checkbox"/> School referred Drug & Alcohol Class	\$25
<input type="checkbox"/> Youth Individual Education	\$65/hour
<input type="checkbox"/> Pals Mentoring Program	\$45/year
<input type="checkbox"/> Individual or Family Counseling/Family Mediation	\$85/hour

### Youth Court Services

<input type="checkbox"/> Municipal Court/District or County Diversion Program	\$150
<input type="checkbox"/> County Court Useful Public Service	\$120
<input type="checkbox"/> Probation Useful Public Service	\$80
<input type="checkbox"/> Additional Court Services	\$50/service
<input type="checkbox"/> Seeking Safety	\$160/8 sessions \$240/12 sessions

### Parent Services

<input type="checkbox"/> Parent Consultation	\$35/50-minute session
<input type="checkbox"/> Parent Individual Education	\$65/hour
<input type="checkbox"/> Parenting Thru Divorce Individual Education	\$65/hour

## Codes

**Non Court Reason Referred** – PAL – jr pal, COU – counseling, PC – parent consultation, D&A Grp – Drug & Alcohol Group, etc.

**Court Charge – When referral source is court, DA, or law enforcement, list charge. If multiple charges, select most serious.**

A&B - assault & battery, disorderly conduct, reckless endangerment	MVT - Motor vehicle theft	VIO - Violation of probation or warrant
AD&AB - Aiding & abetting & complicity to help anyone do anything	POA - Possession of alcohol	
ARS - Arson	POC - Possession of cigarettes	
BUR – Burglary & robbery	POCS - Possession of controlled substance (NOT marijuana)	
CM - Criminal mischief, vandalism, littering	POMJ – Possession of marijuana	
CT - Criminal trespass	POP - Possession of paraphernalia	
CUR - Curfew	POW - Possession of weapons (knives, etc. NOT guns)	
DCF - Discharging a firearm	PTFT - Petty theft	
DIST - Distribution of drugs	R – Runaway	
F&F - Forgery, fraud	SAT - Sexual assault	
G - Guns and bomb threats	TFT – Theft, breaking and entering	
Harras - Harassment and menacing	TRA - All traffic offenses, including DUI	

### Victims of Violence

CAE - Child abuse emotional
CAN - Child abuse neglect
CAP - Child abuse physical
DUI/DWA - DUI/DWA victim
DV - Domestic violence
O - Other (specify)
SA - Sexual abuse
SAT - Sexual assault
SOH - Survivor of homicide
SOS - Survivor of suicide

### Family Type

2 bio - 2 birth parents
SPF - Single parent female
SPM - Single parent male
STEP - Birth and step parent
50/50 - Divorce, equal time with each parent
GP - Grandparents
FP - Foster parent
NAd - No adult
NP - No parents
Adop - Adoptive

### Court Abbreviations

pmc - Parachute Municipal Court
rmc - Rifle Municipal Court
smc - Silt Municipal Court
ncmc - New Castle Municipal Court
gsmc - Glenwood Springs Municipal Court
cmc - Carbondale Municipal Court
bmc - Basalt Municipal Court
rcc - Rifle County Court (Garfield Cnty in Rifle)
gsc - Glenwood County Ct (Garfield Cnty in GWS)
pcc - Pitkin County Court
diversion – district juvenile diversion, any county

**Identifiers** - case manager initials/referral source or service. Examples: "ps/jr pal", "kc/counseling", "jk/rmc".

Identifiers for YZ Intake, YZ Pre-Survey, YZ Post-Survey and Termination Summary must match exactly for any given case/referral in ETO.

No two cases for the same person can have the same identifier. Use a number to differentiate the second case, such as "ps/jr pal 2" or "jk/rmc 2".

Identifiers are case sensitive and should be entered using all lower-case letters.

## Risk and Intervention Levels

### Level I - Highest Risk and Intervention – SEE ASSESSMENT TRAINING MANUAL FOR FULL SAFETY PROCEDURES

Criteria:	Presents recent suicidal ideations	History of or recent self-harm (e.g., cutting)
	Dangerous behaviors exhibited which indicate a need for ongoing monitoring	
	Active Substance abuse or heavy past use/dependence	
	Presence of abuse, physical or sexual, in home or other environment, based on YZ Pre-Survey and Assessment Interview form	
	Current Axis I Diagnosis of Depression, Anxiety Disorder, Cyclothymia, or Bipolar Disorder, or Personality Disorder (Borderline or Antisocial)	
	Eating disorder	Parent needs high level intervention
		Senate Bill 94 case

### Level II - Intermediate Risk and Intervention

Criteria:	Court referred and recent substance abuse
	Conduct disorder problems (active defiance in more than one environment)
	Family dispute or problems
	Parent resistance and/or parenting issues
	No suicidal or homicidal ideations

### Level III - Lowest Risk and Intervention

Criteria:	Oppositional	No active or recent substance abuse
	Family arguments	No sexual or physical abuse present in family
	School or academic problems	No suicidal or homicidal ideations