CUMBERLAND COUNTY YOUTH SERVICES COMMISSION REFERRAL FORM

(Revised 1/2024)

Note: Please submit completed form to requested service agency(s) listed for services below.

Please CC [samuelwi@CumberlandCountyNJ.gov](mailto:samuelwi@CumberlandCountyNJ.gov) and [julieco@CumberlandCountyNJ.gov](mailto:julieco@CumberlandCountyNJ.gov) with your submission.

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| Date: |  | | | | | | | | | Referring Agency: | |  | | | | | | | | | | | | | | | | | | | |
| Name of Referring Person: | | | | | | | | | |  | | | | | | | Phone: | |  | | | | | | | | | | | | |
| Deferred Disposition: | | | | | |  | | | | Disposition: | |  | | | Disposition Date: | | | | |  | | Length of Term: | | | | | |  | | | |
| Court Ordered: | | | | | | | Yes  No | | | | | Term Expiration Date: | | | | | | | | |  | | | | | | | | | | |
| DCP&P Involvement: | | | | Yes  No  Unknown | | | | | | | | Hearing  Sentencing Date: | | | | | | | | |  | | | | | | | | | | |
| Client Name: | |  | | | | | | | | | | Sex: | | |  | | DOB: |  | | | Age: | | |  | | | Race: | |  | | |
| Current Address: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Home Phone: | | |  | | | | | | | | Cell Phone: | | |  | | | | Language(s) Spoken: | | | | | | | |  | | | | | |
| School Currently Attending: | | | | | | | | | |  | | | | | | | | Phone: | | |  | | | | | | | | | | |
| Reason for Referral: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
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| Names of persons currently living with juvenile: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name | | | | | |  | | | Relationship | | |  | Age | | |  | Name | | | | | |  | | Relationship | | | | |  | Age |
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| SERVICES REQUESTED – CHECK ALL THAT APPLY |

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| DIVERSION  (MRSS/FCIU, JCC, FAMILY COURT, LAW ENFORCEMENT, SCHOOLS) | DISPOSITION  (JUVENILE PROBATION, FAMILY COURT) | DETENTION |
| SEXTING INTERVENTION PROGRAM  Submit to: [paso@centerffs.org](mailto:paso@centerffs.org)  [veronica.ramos-cruz@centerffs.org](mailto:veronica.ramos-cruz@centerffs.org)  [vconnelly@centerffs.org](mailto:vconnelly@centerffs.org)  856-408-3047 Ext. 22151 | COGNITIVE SKILLS PROGRAM  Submit to: [julieco@cumberlandcountynj.gov](mailto:julieco@cumberlandcountynj.gov)  856-459-3083 | IN-HOME DETENTION (FAMILY COURT)  Submit to: [mhamidy@yapinc.org](mailto:mhamidy@yapinc.org)  856-691-1540 |
| DRUG & ALCOHOL EVALUATION  Submit to: [sharonme@cumberlandcountynj.gov](mailto:sharonme@cumberlandcountynj.gov)  856-451-3727 | IN-HOME COUNSELING  Submit to: [mkdavis@acendahealth.org](mailto:mkdavis@acendahealth.org)  609-425-8088 |  |
| DRUG & ALCOHOL TREATMENT  Submit to: [sharonme@cumberlandcountynj.gov](mailto:sharonme@cumberlandcountynj.gov)  856-451-3727 | SEX OFFENDER EVALUATION  Submit to: [paso@centerffs.org](mailto:paso@centerffs.org)  856-408-3047 Ext. 22151 |  |
| INDIVIDUAL MENTORING  Submit to: [taviaus@unitedadvocacygroup.org](mailto:taviaus@unitedadvocacygroup.org)  856-506-7430 | SEX OFFENDER TREATMENT  Submit to: [paso@centerffs.org](mailto:paso@centerffs.org)  856-408-3047 Ext. 22151 |  |
| IN-HOME COUNSELING  Submit to: [mhamidy@yapinc.org](mailto:mhamidy@yapinc.org)  856-691-1540 | DRUG & ALCOHOL EVALUATION  Submit to: [sharonme@cumberlandcountynj.gov](mailto:sharonme@cumberlandcountynj.gov)  856-451-3727 |  |
|  | DRUG & ALCOHOL TREATMENT  Submit to: [sharonme@cumberlandcountynj.gov](mailto:sharonme@cumberlandcountynj.gov)  856-451-3727 |  |
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| Parent/  Guardian  Foster Parent’s Name: | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| Address (if different from child’s): | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Work Phone/Employer: | | | | | | | |  | | | | | | | | | | | | | | | | | Work Hours: | | | | | | | |  | | | |
| Are caretakers aware that this referral is being made for services? | | | | | | | | | | | | | | | | | |  | | | | Is transportation needed? | | | | | | | | | | | | |  | |
| Emergency Contact: | | | | | |  | | | | | | | | | | | | | | Relationship: | | | | | |  | | | | | | | | | | |
| Home Phone: | | | |  | | | | | | | | | Work Phone: | | |  | | | | | | | | | | | | | | |  | | | | | |
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| **SCHOOL INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Last/Current School: | | | | | | |  | | | | | | | | | | | | School Phone: | | | | | | | | | |  | | | | | | |  |
| Classification: | | | |  | | | | | | | | | | | CST Evaluation: | | | | | | Yes  No | | | | | | | | | | | Grade: | |  | |  |
| Reason for Referral/Issues: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| **EXISTING FACTORS OF JUVENILE’S PRESENT/PAST HISTORY (Check all that apply)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Actively Rejecting Help | | | | | | | | | | | | Inadequate Supervision | | | | | | | | | | | | | Poor Frustration Tolerance | | | | | | | | | | | |
| Alcohol Abuse | | | | | | | | | | | | Inappropriate Discipline | | | | | | | | | | | | | Poor Interpersonal Skills | | | | | | | | | | | |
| Alcohol Dependence | | | | | | | | | | | | Inconsistent Parent Figure | | | | | | | | | | | | | Poor Problem Solving Skills | | | | | | | | | | | |
| Antisocial/ Pro-criminal Attitudes | | | | | | | | | | | | Inflated Self-Esteem | | | | | | | | | | | | | Poor Relationship - Parent Figure | | | | | | | | | | | |
| Attention Deficit/Hyperactivity Disorder | | | | | | | | | | | | Lack of Independent Living Skills | | | | | | | | | | | | | Poor School Performance | | | | | | | | | | | |
| Callous, Little Concern for Others | | | | | | | | | | | | Lack of Job Skills | | | | | | | | | | | | | Post-Traumatic Stress | | | | | | | | | | | |
| Criminal Behavior - Family | | | | | | | | | | | | Lack of Remorse | | | | | | | | | | | | | Repeated Suspensions | | | | | | | | | | | |
| Defies Authorities | | | | | | | | | | | | Lack of Teen Parenting Skills | | | | | | | | | | | | | Runaway Behavior | | | | | | | | | | | |
| Delinquent Friends | | | | | | | | | | | | Lack of Vocational/Technical Skills | | | | | | | | | | | | | Serious Mental Illness | | | | | | | | | | | |
| Difficulty in Controlling Youth’s Behavior | | | | | | | | | | | | Low Self-Esteem | | | | | | | | | | | | | Sexually Acting Out | | | | | | | | | | | |
| Disruptive Behavior in School | | | | | | | | | | | | Marital Conflict - Parents | | | | | | | | | | | | | Short Attention Span | | | | | | | | | | | |
| Domestic Violence in Family | | | | | | | | | | | | Medical Problems/Family | | | | | | | | | | | | | Substance Abuse - Family | | | | | | | | | | | |
| Dropout | | | | | | | | | | | | Medical Problems/Juvenile | | | | | | | | | | | | | Suicide Ideation/Gestures | | | | | | | | | | | |
| Drug Abuse | | | | | | | | | | | | Mental Illness - Family | | | | | | | | | | | | | Teen Pregnancy | | | | | | | | | | | |
| Drug Dependence | | | | | | | | | | | | Neglect - Juvenile | | | | | | | | | | | | | Truancy | | | | | | | | | | | |
| Family Exposure to Community Violence | | | | | | | | | | | | No/Few Positive Friends | | | | | | | | | | | | | Verbally Aggressive | | | | | | | | | | | |
| Functioning Below Grade Level | | | | | | | | | | | | Physically Aggressive | | | | | | | | | | | | | Victim of Physical Abuse - Juvenile | | | | | | | | | | | |
| Illiteracy | | | | | | | | | | | | Poor Anger Management | | | | | | | | | | | | | Victim of Sexual Abuse/Incest - Juvenile | | | | | | | | | | | |
| Other: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Medical Issues: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Family Physician: | | | | |  | | | | | | | | | | | | | | | | | | | Phone: | | | | | |  | | | | | | |
| Allergies: | |  | | | | | | | | | | | | | | | Current Medications: | | | | | | | | | |  | | | | | | | | | |
| Medicaid  Private Health Insurance: | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Juvenile is not to have contact with the following persons: | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| PERFORMCARE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Were the services requested sought through PerformCare before submitting this referral? | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | | | | | |
| IF NO, WHY NOT? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| IF YES, WHY IS THIS REFERRAL BEING SUBMITTED? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| DATE OF CALL: | | | | | | | | | | TIME OF CALL: | | | | | | | | | | | | | LENGTH OF CALL: | | | | | | | | | | | | | |

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| PARENTS / GUARDIANS | |
| Has the youth’s parent / guardian been informed that this referral for services is being submitted? | Yes  No |
| IF NO, WHY NOT? | |
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