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JUNIOR PARTNER REFERRAL

Referring Persons Name Agency Phone
Address Date

This form is to be completed by the referring agency and returned to Partners in Routt County. Information on this form will be kept confidential (except in such cases as required by law) and will be used to assist the case manager in matching the child with an appropriate Senior Partner.

Child's Name: First Middle Last DOB: / / Age

Physical Address: Street Apt.# City State Zip

Mailing Address: Street Apt.# City State ZIP

Mother's Name: First Last Father's Name: First Last

Child is living with: Name Relationship

Occupation Work Hours Work Phone Home Phone

Language spoken in the home: Does the family move often:

Brothers/Sisters and significant others in the home (please include ages of each): age: age:

FAMILY

Please put a check mark next to statements that describe the child being referred. Be as specific as possible in description sections.

1. Age of Child: (7 to 17 years = 10 pts.) Sex of Child:
2. Child's parents, guardians, and/or siblings or other members of the household are/were abusing alcohol and/or other drugs as identified below: (25 pts.)

FAMILY CONTINUED

3. _____ Child's parents or guardians and/or siblings or other members of the household are/were problem drinkers as identified by: (10 pts.)

4. _____ Child is living/has lived in a single parent household, with other family members, or in foster care. (10 pts.) _____
5. _____ Child is/has experienced "forced adulthood" (i.e., latch-key, caring for other children, substitute parenting, on the street, etc.) as identified by: (10 pts.) _____

Child is experiencing disruptive home life as follows: (10 pts.)

6. _____ Child has/is witnessing violence in the home.
7. _____ Child has/is experiencing constant relocation.
8. _____ Child has/is experiencing family difficulties with law enforcement.
9. _____ Child has is experiencing low economic status.
10. _____ Child has/is experiencing abuse/neglect.

Please provide additional details for Items 6 through 10.

BEHAVIOR

11. _____ Child "acts out" at home or school (i.e. uncooperative, irresponsible, defiant, manipulative, aggressive, etc.) (10pts.)

Please describe: _____

Has child run away? _____ Yes _____ No Please describe how often, how long they were away and reasons for leaving. _____

12. Please discuss the child's counseling needs: _____

13. Child is displaying the following negative behavior patterns:

(5 pts. Each)	(2pts. Each)	
_____ overly dependant on peers/parent figures	_____ quiet	_____ withdrawn
_____ early experimentation with drugs/alcohol	_____ passive	_____ aggressive
_____ delinquency behavior	_____ temper tantrums	_____ acting out
	_____ fearful	_____ destructive

Comments: _____

- Is the child depressed? _____
- Has the child talked about suicide? _____
- Does the child have a drug/alcohol problem? _____

SCHOOL

School presently attending: _____ Teacher: _____ Grade: _____
Working at grade level: _____ In Special Education Program: _____
School Counselors (or other school contact): _____

14. Child is not adequately functioning in school as evidenced by: (5 pts.)
- | | |
|--|--|
| _____ learning disability | _____ defiant of authority/questions/rules |
| _____ low grades | _____ disrupts classroom environment |
| _____ low motivation | _____ poor peer relations |
| _____ poor attendance
(including truancy and tardiness) | _____ fighting |
| | _____ withdrawn |

Comments: _____

15. _____ Child's cultural/language or child's family cultural/language limits opportunity or child is enrolled in ESL/ELL classes. (5 pts) **Bridges Program—yes: _____ no: _____**

LEGAL

Has the child been arrested? _____ Has the child been adjudicated (found guilty)? _____

Is the child on probation? _____ Probation Officer: _____ Phone: _____

Referral Offense (s): _____ Date: _____

_____ Date: _____

Previous Offense (s): _____ Date: _____

_____ Date: _____

Present Legal Status: _____

16. Please describe other community programs/agencies currently involved with this child:

Agency: _____ Worker: _____ Phone: _____

Agency: _____ Worker: _____ Phone: _____

Agency: _____ Worker: _____ Phone: _____

17. What actions have been taken to attempt to meet the child's needs? _____

18. What do you hope a Partner will be able to accomplish with this child? _____

19. What type of Senior Partner do you recommend? _____

Have you informed the legal parent/guardian of the referral (if not, please do so)? Yes ___ No ___

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Request for referral accepted? Yes \_\_\_ No \_\_\_ Recommendations for screening panel: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_