

Children, Youth and Families A.R.T. / G.R.I.P. Referral Form

Name:	Age:	DOB:
Address:	Youth Cell Phone #:	
Medical conditions staff should be aware of?		
Parents:	Home and Emergency #:	
<i>Include parent address and phone number if different from participant</i>		
Referral Source Name of Staff Person & Agency:		
Phone #:		
Date of Referral into GRIP Program:		
Other Agencies Involved:		
Using the following list to identify risk behaviors, check (x) all that applies to this individual.		
➤ Youth is also gang affiliated	<input type="checkbox"/>	
If yes, what gang?	_____	
➤ Youth uses drugs	<input type="checkbox"/>	
If yes, what drugs?	_____	
➤ Youth has hurt themselves in the past	<input type="checkbox"/>	
If yes, in what ways?	_____	
➤ Family background (other family members' gang affiliation): If yes please provide more information:	<input type="checkbox"/>	
➤ Family background (substance or alcohol abuse): If yes please provide more information:	<input type="checkbox"/>	
➤ Domestic Violence in the home (past or present) If yes please provide more information:	<input type="checkbox"/>	
➤ Criminal Offenses:	<input type="checkbox"/>	
Types and Dates? _____	_____	
➤ Use of nickname,	<input type="checkbox"/>	
If yes, what? _____	_____	

What is the expected outcome of the juvenile's participation in this program and end date of probation?

Is the program court ordered?

Yes No

Are the parents agreeable to the youth being in this program?

Yes No

Will the parents participate as well?

Yes No

What are the consequences for youth not following through with the program?

Any other notes that may assist Children and Youth Resources staff regarding youth?

Please contact Our G.R.I.P Community Coordinator:

Louie Lopez- G.R.I.P Community Coordinator