



CROSSROADS

24 S. Hunter Street, Room 300 ▪ Stockton, CA, 95202
Office: (209) 468-8230 ▪ Fax: (209) 468-8303

Referral Date: _____

Referring Person: _____

Student Name: _____

Gender: MALE OR FEMALE (Circle One) AGE: _____ DOB: _____

School of Attendance: _____

Parent / Guardian: _____

Home Phone#: _____

Home Address: _____

WAS THE PARENT/GUARDIAN INFORMED? YES _____ NO _____ DATE PARENT/GUARDIAN WAS INFORMED? _____

IF THE PARENT / GUARDIAN DOES NOT SPEAK ENGLISH, PLEASE ASK IF THEY CAN BRING ANOTHER ADULT (OVER 18 YEARS OLD) TO THE INITIAL APPOINTMENT WHO CAN ACT AS AN INTERPRETER. LANGUAGE: _____

YOUTH MAY HAVE HAD CONTACT WITH THE FOLLOWING AGENCIES

<u>AGENCY</u>	<u>NAME</u>
1. _____	_____
2. _____	_____

REFERRAL SOURCE: _____

AGENCY NAME: _____ PHONE #: _____

REASON FOR REFERRAL: (Please check all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Substance Abuse | <input type="checkbox"/> Sexual Abuse | <input type="checkbox"/> Suicidal Threats/Behavior |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Parent Youth Counseling | <input type="checkbox"/> Anger Management |
| <input type="checkbox"/> Assaultive Behavior | <input type="checkbox"/> Gang Involvement | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Physical Abuse | <input type="checkbox"/> Negative Peer Association | |

COMMENTS OR CONCERNS:

THE PARENT/GUARDIAN MUST BE CONTACTED AND INFORMED ABOUT CROSSROADS PRIOR TO COMPLETING REFERRAL.

Please send referrals by email to Crossroads@sjgov.org or by fax to (209) 468-8303.