

CROSSROADS

— Youth Intervention Services —

Date: _____

Youth's Name: _____

Gender: Male Female Age: _____ Date of Birth: _____

School of Attendance: _____ Grade: _____

Parent / Guardian: _____

Home #: _____ Cell #: _____

Home Address: _____

YOUTH'S PARENT OR GUARDIAN MUST BE CONTACTED AND INFORMED ABOUT CROSSROADS YOUTH INTERVENTION SERVICES PRIOR TO SUBMITTING A REFERRAL.

Was the parent or guardian informed? Yes ____ No ____ Date they were informed: _____

If parent or guardian does not speak English, please list their language: _____

Is youth currently on probation? Yes ____ No ____ Unknown ____

Does youth have any pending citations (misdemeanors or felonies)? Yes ____ No ____ Unknown ____

Is youth currently receiving counseling? Yes ____ No ____ If yes, provider: _____

PLEASE SEND REFERRALS TO CROSSROADS@SJGOV.ORG

Referring Person: _____

Phone #: _____ Email: _____

Agency / School Name: _____

REASON FOR REFERRAL: PLEASE CHECK ALL THAT APPLY.

- | | | |
|--|--|---|
| <input type="checkbox"/> Substance Abuse | <input type="checkbox"/> Sexual Abuse | <input type="checkbox"/> Suicidal Threats / Behaviors |
| <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 | _____ |

Please list any other reasons for the referral or concerns regarding youth:

