

J.K.H.O.P.E. (Just Kids Hands on Pet Education) Program PROGRAM REFERRAL FORM

Please fax form to DiAnna Reich 903.962.6413 or email to d.reich@suddenlinkmail.com

Date of Referral: _____	Parent/Guardian: _____
Child's Name: _____	Relationship to child: _____
Social Security No. _____	Home Phone: _____
D.O.B.: _____ Age: _____ Race: _____ M / F	Work Phone: _____
Ht: _____ Wt. _____ Hair: _____ Eye Color _____	Cell Phone: _____
Place of Birth _____	Child Cell Phone: _____
Home Address: _____	Referral Agency: _____
City: _____	Referring Type: _____
No. of Siblings: _____	Contact Person: _____
Grade Level: _____ School: _____	School Status: PASS / FAIL

In case of emergency contact:

Name: _____	Phone Number: _____
Relationship to child: _____	Alternate Number: _____

Parents / Guardian have authorized medical treatment by:

Physician: _____	Phone Number: _____
Hospital: _____	City: _____

Medical conditions, allergies, prescriptions, disabilities or handicaps, if yes, please explain:

- | | |
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| <ol style="list-style-type: none"> 1. Youth is at-risk of delinquent behavior? _____ 2. Drug/Substance use or exposure? _____ 3. Parent/Guardians have difficulty or no supervision? _____ 4. Parent/Guardian has a Criminal History? _____ 5. Youth has prior runaways? _____ 6. Youth has school discipline referrals in past year? _____ 7. Youth failed a grade or subject in school? _____ 8. Youth is chronically or at risk of truancy? _____ 9. Negative juvenile peers? _____ 10. Juvenile exhibits aggressive behavior? _____ 11. Prior traumatic events? _____ 12. Mental Health needs? _____ 13. Current Offense? _____ 14. Sibling has Criminal History? _____ 15. Youth involvement with significant family conflict? _____ 16. Youth/Family has open CPS case? _____ 17. Youth victim of sexual abuse? _____ 18. Youth is pregnant or a parent? _____ | <p><u>PROGRAM REFERRAL SERVICES</u></p> <p>Focus (CIS) Referral _____</p> <p>Passport to Recovery (BIS) _____</p> <p>Specialized Female/Male _____</p> <p>BIPP Anger Mgmt (MALE) _____</p> <p>Family Skills _____</p> <p>Mentoring _____</p> <p>VOICES/Vocational _____</p> <p>NETWORK/STARS _____</p> |
|--|---|

Referring Person's Signature: _____ Date: _____