

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

Please fax form to Brian Lane 903.962.6413 or email to b.lane@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:

1. Youth is at-risk of delinquent behavior? _____	<u>PROGRAM REFERRAL SERVICES</u>
2. Drug/Substance use or exposure? _____	Focus (CIS) Referral _____
3. Parent/Guardians have difficulty or no supervision? _____	Passport to Recovery (BIS) _____
4. Parent/Guardian has a Criminal History? _____	Specialized Female/Male _____
5. Youth has prior runaways? _____	BIPP Anger Mgmt (MALE) _____
6. Youth has school discipline referrals in past year? _____	Family Skills _____
7. Youth failed a grade or subject in school? _____	Mentoring _____
8. Youth is chronically or at risk of truancy? _____	VOICES/Vocational _____
9. Negative juvenile peers? _____	NETWORK/STARS _____
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? _____	

Referring Person's Signature: _____ Date: _____