

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

Please email form to Garland Willis at jkhope@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: _____