# Juvenile Community Justice

## FFT Community Partner Referral Cover Sheet

| Instructions |
|---|
| Complete all sections below. Youth must have significant risks in at least two of the six domains below to be considered for treatment. You may be contacted for further information from FFT.<br><br>**Forward to Jim LaPorte by Email: jimla@deschutes.org OR Fax: 541-383-0165** |

| Agency and Youth Information | | | | |
|---|---|---|---|---|
| **Date:** | **Referring Agency/Name:** | | **Contact #:** | |
| **Youth Name:** | **Zip Code:** | **DOB:** | **Gender:** | **Race/Ethnicity:** |

| Reasons for Referral |
|---|
| **School Domain:** ☐ Current academic failure ☐ Chronic truancy ☐ Other: |
| **Alcohol/Drug Domain:** ☐ Regular use causing problems @ school, home ☐ Use began 13 or less ☐ Other: |
| **Behavior Domain:** ☐ Impulsivity resulting in harm to self/property/people/animals (circle all that apply) ☐ Other: |
| **Peer Domain:** ☐ Friends dropped out/seriously acting out ☐ Friends w/ problem alcohol/drug use ☐ Other: |
| **Family Domain:** ☐ Family criminal history ☐ Poor supervision/control ☐ Serious family conflict ☐ Current family member problem alcohol/drug use ☐ Other: |
| **Attitude/Beliefs Domain:** ☐ Trouble accepting personal responsibility ☐ Trouble having empathy ☐ Other: |
| **Additional circumstances that might impact treatment:**<br><br>**Current services being provided to the youth/family:** |

| Family Information | |
|---|---|
| **Primary Caregiver Name:**<br>**Address:** | **Contact #/s:** |
| **Other individuals residing with youth:**<br>**Name:** | **Relationship:** |
| **Name:** | **Relationship:** |
| **Name:** | **Relationship:** |

**THIS IS A CONFIDENTIAL DOCUMENT. PLEASE TAKE APPROPRIATE PRECAUTIONS.**

**Please visit www.deschutes.org/juvenile for additional copies.**