

Juvenile Community Justice FFT Community Partner Referral Cover Sheet

		Instruction	ons			
be considered for tre	s below. Youth must be atment. You may be a Nortrom by Email:	contacted for fr	urther information	i.	domains below to :: 541-383-0165	
	Agency	and Youth	Information			
Date:	Referri	Referring Agency/Name:			Contact #:	
Youth Name:		Zip Code:	DOB:	Gender:	Race/Ethnicity:	
	R	easons for F	Referral	7.7		
School Domain:	Current academic fa Other: ain: Regular use c		Chronic truanc		gan 13 or less	
Alconol/Drug Dom	Other:					
Behavior Domain:	Impulsivity resultiOther:	ng in harm to s	elf/property/peop	le/animals (c	ircle all that apply)	
	Friends dropped out/se Other:					
Family Domain:	Family criminal history Current family mem				family conflict	
Attitude/Beliefs Do	omain: Trouble acc				ving empathy	
	stances that might im		t:			
	F	amily Infor	mation			
Primary Caregiver Address:	Name:		Contact	#/s:		
Other individuals Name:	residing with youth:		Relationship:			
Name:			Relationship:			
Name:			Relationship:			
☐ Interpreter Rec	quired Parent/Gu	ardian Primai	y Language:			