New Journey Support Svc

REFERRAL/INITIAL SCREENING (JUVENILE SERVICES)

Name: Juvenile number: _____

Date: _____ Contact Type Telephone
Face to Face

Demographic Information

Name: _____ Telephone #:
Last MI First Home: _____
Cell: _____

Address: _____ _____ _____ _____
Street City State Zip Code

D.O.B.: _____ Sex: Male Female Juvenile number: _____

Parent/Guardian Name: _____
Last MI First

Parent/Guardian Telephone #, if different: _____

Referred by Self DSS
Family Court
Friend Private
School Other
Hospital State Hospital
CSB

Communication and Language: English
Spanish
Deaf/Hard of Hearing
Blind
Other

Referral Source (If Consumer is not the caller):

Name: _____ Telephone #:
Last MI First

Address: _____ _____ _____ _____
Street City State Zip Code

New Journey Support Svc

REFERRAL/INITIAL SCREENING (JUVENILE SERVICES)

Name: Juvenile#: (if applicable)

Reason for Requesting Service, Presenting Problem & Behavior:

☐	Sibling Relations		☐	Hyperactivity	
☐	Dealing with Authority		☐	Marginally Connected with Reality	
☐	Poor Impulse Control		☐	Cognitive Impairment	
☐	Escalating Behaviors Safety Risk to Self and Others		☐	History of Substance Abuse/ Trauma?	

ELIGIBILITY CRITERIA

Is the individual at risk of hospitalization or out-of-home placement due to conflicts with family or community, or problems establishing normal interpersonal relationships?
Yes No If yes, specify _

Has the individual had such inappropriate behavior that repeated interventions by mental health, social services, educational, or court system are or have been necessary?
Yes No If yes, specify _

Is the individual unable to recognize personal danger or significantly inappropriate social behavior? Yes No If yes, specify

SECONDARY CRITERIA

Do the individual's escalating behaviors put them or others at immediate risk of injury?
Yes No If yes, specify _

Has the parent/legal guardian of the individual had such difficulty managing the individual's mental, behavioral, or emotional problems that alternate out-of-home placement is being pursued?
Yes No If yes, specify

SERVICES OFFERED

LIFE COACHING
SKILLS GROUPS
TRUANCY

Signature and Authentication: _____ **Date:** _____

INFORMED CONSENT

When initiating a three month long contractual agreement with ***New Journey Support Svc.,*** *where the juvenile will receive six hours a week of service for $100 an hour, the payment for this service is still rendered at all cost unless the juvenile is removed from services due to being placed in a detention center. If this is the unfortunate circumstance, the juvenile can re-enter into the contract upon being released and re-enter where the services initially lapsed. Another option during this unfortunate circumstance is opting to put another juvenile into the program to follow through to the end of the three month long contractual agreement.*

Signature and Authentication: _____ **Date:** _____