6337 35<sup>th</sup> Ave SW Seattle, WA 98126 | Phone: 206-938-9606 | Fax: 206-938-7540

**E**LIGIBLE YOUTH MUST BE AGES 12 TO 24

Today's Date:

## DO NOT SEND VIA EMAIL FAX or IN-PERSON ONLY CONFIDENTIAL FORM

Youth Information

Full Legal Name:						Age:				
Housing Situation (Check Answer)										
	Homeless			At imminent risk of losing housing Home				less only under federal statutes		
	Fleeing domestic violence			At-risk of homelessness			Stably housed		Refused to answer	
Street Address:										
City:	Sta			State:	Zip Code			:		
Home Phone:	Cell P			Cell Phor	ie:					
Email Address:	Date of Birth:									
Gender:	Male	Female Transgender		nsgender	Refused to respond			Other:		
School status:	Enrolled Expelled or Suspended			uspended	Dropped Out					
	Home School Graduated				GED Program					
School Name:	School ID#:									
Grade Level:										
If youth is receiving other services, please list agency name and specific type of service										
Is the youth involved in any activities? Sports Leadership					Job	Arts	Music	Cultural	Faith Based	
Recreation	on Voluntee	ring/Servic	e Learning	Parenting	)	Sibling C	are	Other:		
Race (How does the youth identify)										
American Indian Alaskan Native				kan Native	Asian, Asian American					
							Native Hawaiian/Pacific Islander			
·							Other:			
	Write, oddedsiairi	mondan	None	asca to answer				Other.		
Ethnic Background (Check all that apply)										
Cambodian/Khmer Chinese			Chinese	Ethiopian Filipino				Indian (India)		
	Japanese Korea		Korean	an I		Mexican		Russian		
	Samoan Vietnam			ese Afrikaans Albanian			Armenian			
	Amharic (Ethiopia) Burmese		Burmese	Egyptian			Hawaiian			
	Indonesian Laotian		Laotian	Mien			Nigerian			
Somalian African				Central American			Other:			
Does the youth know you are making this referral?					Yes		No			
Is the youth willing to participate in case management services?					Yes		No	Not Sure		

Parent/Guardian Information

Full Name: Relation to Youth:

Phone Number: Phone Type:

Parent English Proficiency: Yes No Not Sure

Does the parent know you are making a referral? Yes No Do not notify parent

## Referral Source Information

Full Name:

Phone Number: Email:

How did you hear about SafeFutures Case Management Services?

Referral Source

Self School: Parent/Guardian: Social Services Agency:

Street Outreach School Emphasis Officer Police Unit/Precinct: KC Juvenile Court JRA

Seattle Parks and Recreation Youth Center/Teen Life Center: Other:

Services youth may need

Recreation Academic Mentoring Job Readiness Group projects Aggression Replacement Training

Service Learning Opportunities Mental Health Services Drug & Alcohol Treatment Housing Support

School Re-entry Pro-Social Activities Tutoring Other:

## Presenting Issues — Please check all that may apply

## General

Has been convicted multiple times and released from supervision OR is under minimal supervision and is at risk to re-offend

Has been arrested for crime(s) that do not meet the juvenile detention intake criteria and was released

Has a history of poor academic performance and/or has been suspended, expelled from school, or has a history of truancy issues.

Has no involvement with pro-social activities

Is gang-involved

School: Low academic achievement/failing core subject Truant Suspension/expulsion

Relationships: Association with negative peer group Dating/Domestic Violence

Association/involvement with gangs, specify:

Alcohol/Drugs: Drug use Alcohol use

Family: Possible drug/alcohol abuse in the home Incarcerated parent(s) or other close relative(s)

Foster Care Stable Housing Unstable housing or homeless

Other, specify:

Attitudes: Believes physical aggression is appropriate

Mental Health: Appears depressed Seems anxious or worried about his/her future

Seems to have difficulty coping with challenges

Difficulty controlling impulses and/or easily distracted

Lack of support network

Aggression: History of aggressive, violent behavior

Criminal History: History of current criminal activity/involvement

On probation or court involved/JUVIS#:

Employment: Not Employed Employed, specify:

Other, specify:

Brief statement of concern/current circumstances about the youth

Probation Officer:

Other challenges, specify:

History of carrying a weapon