

RIVERSIDE COUNTY YOUTH ACCOUNTABILITY TEAM REFERRAL

Site: Case Number: CID Number: Referral Number:

Minor's Name: **D.O.B:** **Age:** **Gender:**
Height: **Weight:** **Eyes:** **Hair:** **Scars/Marks/Tattoo:**
Ethnicity: **Primary Language Spoken at Home:** English Spanish Other
Home Address: **City:** **Zip:** **Phone #:**
Father's Name: **Address:** **Ph. #:**
Mother's Name: **Address:** **Ph. #:**
Marital Status: **Guardian's Name/Relationship:** **Ph. #:**
Current School: **District:** **Grade:**
Referred by: **Ref. Date:** **Agency:**

Reason for Referral:

Problem Areas

- | | | | |
|--|-------------------------------------|-----------------------------------|--|
| <input type="checkbox"/> Truancy | <input type="checkbox"/> Suspension | <input type="checkbox"/> Graffiti | <input type="checkbox"/> Absenteeism |
| <input type="checkbox"/> Gang Activity | <input type="checkbox"/> Weapons | <input type="checkbox"/> Defiance | <input type="checkbox"/> Disruptive Behavior |
| <input type="checkbox"/> Other: | | | |

Mental Health Issues

- | | | | |
|---|--------------------------------|---|---------------------------------------|
| <input type="checkbox"/> Alcohol | <input type="checkbox"/> Drugs | <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Abuse Issues |
| <input type="checkbox"/> Previous MH Intervention | | <input type="checkbox"/> Currently receiving Services | |
| <input type="checkbox"/> Other: | | | |

Comments:

Completed by: Date:

(School Use Only)

Please attach the following documents with the referral:

- Discipline Records
- Transcripts/Grades
- Attendance Records
- Signed Release of Confidential Information form for the district (If applicable)

Additional Comments: