

JUMPSTART

REFERRAL FORM

At orientation youth/PO will need to present:

1. Birth Certificate
2. Social Security Card
3. Medical Card or two consecutive pay stubs
4. Utility/phone bill showing current address

Please attach to referral:

1. Social Investigation
2. School Records (transcript, special ed info, shot records test scores etc...)

Student's name _____ DOB _____ AGE _____

Address _____ City _____ Zip Code _____

Name of Parent/Guardian _____ Phone #(____) _____

Relationship to Student _____

LEGAL INFORMATION:

Petition# _____ Offense _____

Next Court Date _____ Community Service Hours _____

Probation Officer's Name _____ ExtensionX _____

SCHOOL BACKGROUND:

Last school attended _____ Special ED? BD ____ LD ____

Have all educational services been exhausted? Yes _____ No _____

Does this minor have his/her 8th grade diploma? Yes _____ No _____

MEDICAL HISTORY:

Has the minor ever been hospitalized for psychiatric/behavioral reasons? _____

Is the minor on medication? Yes _____ No _____

Is the minor pending placement or in-patient drug treatment? Yes _____ No _____