

**S.T.A.R. Youth Program  
Communities In Schools  
Initial Contact/Referral**

Date of Referral: \_\_\_\_\_

Referral Source (Name): \_\_\_\_\_

Parent ( ) FIR ( ) JPO ( ) JJC Prevention ( ) Court Ordered ( ) School ( ) CIS Staff ( ) Other source ( )

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work/Cell Phone (\_\_\_\_) \_\_\_\_\_

School Name \_\_\_\_\_ Grade Level \_\_\_\_\_ Gender:     M     F

**Presenting Problem:**

- |                                       |   |
|---------------------------------------|---|
| <input type="radio"/> Runaway         | <input type="radio"/> Delinquent, 7-9           |
| <input type="radio"/> Truancy         | <input type="radio"/> Misdemeanor Offense       |
| <input type="radio"/> Family Conflict | <input type="radio"/> State Jail Felony Offense |

Information pertaining to Presenting Problem: \_\_\_\_\_

**Open CPS Case:**

- No                       Yes                       Unknown

(For S.T.A.R. Case Manager)

Enrollment Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Case Manager Assigned: \_\_\_\_\_

Date client contacted: \_\_\_\_\_ Client     accepted     declined    services.

Description of efforts to contact client, and/or reason why client declined services:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date Referral Received: \_\_\_\_\_