Center for Evaluation and Counseling

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Youth and Adolescent Program Referral Form

Date: **Date/Time of Next Scheduled Hearing:**

Referral Partner:

☐ Superior Court Family Division ☐ Intake Service Conference (ISC) ☐ Probation Department ☐ FCIU

☐ Juvenile Conference Committee (JCC) ☐ CMO ☐ School ☐ Police Department ☐ Other

Referral For:

☐ Comprehensive Adolescent Program (CAP) ☐ Comprehensive Adolescent Program (CAP) – SPANISH

☐ Healthy Boundaries, Healthy Minds ☐ Teen Talk ☐ Teen Talk – SPANISH

☐ Teen Access Program (TAP) ☐ Parents Helping Parents

Name of Referent: **Phone Number/Extension:**

Email Address:

Client Name: **Client DOB:** **Client Gender:**

Parent/Guardian: **Phone Number(s):**

Parent/Guardian Email:

Address:

1. Reason for Referral/History of Charges/Current Legal Status:

2. Any evaluations pending (i.e. Drug/Alcohol, Psychiatric, Psychological):

3. Is there any indication of substance abuse by the client? ☐ Yes ☐ No

4. Check if the client is currently involved with, or has significant history with, any of the following agencies:

☐ Morris County Juvenile Detention Center

☐ Juvenile Conference Committee (JCC)

☐ Family Crisis Intervention Unit (FCIU)

☐ CMO

☐ DCP&P – Caseworker?

☐ Center for Family Services

☐ CCIS/Center for Mental Health

☐ Other Counseling/Psychological Svcs. – Please specify:

☐ Substance Abuse Counseling – Where?

☐ Other

5. Is Community Service Required? ☐ Yes, Hours Required: ☐ No

Other Relevant Information:

Referral Process

1. **(Optional)** Call the Youth and Adolescent Services Coordinator with any questions, concerns, or additional information at 973-829-6960 or youthservices@centerforeval.org

2. Inform the family and youth that they are being referred to a program (provide relevant program fact sheet to parents)

3. Fill out the one-page referral form and fax/e-mail it to the program coordinator
   - Once the referral is received, we will contact you to notify you of the receival, when the intake is scheduled, and the start date.
   - Frequent updates will be provided and/or can be requested at any time by the referring party.
   - After the youth is discharged from the program, a letter of completion will be faxed to the referring party.

4. If you are referring for **general psychotherapy, please call our nearest location instead** of completing this form.

5. If you are referring for a **School Clearance Risk Assessment**, please send completed referral form available HERE and email to: schools@centerforeval.org