

Referral Date: ___/___/___



Gang Outreach Service Referral & Application

I. YOUTH INFORMATION			
First Name	Middle Name	Last Name	Date of Birth
Home Address		Home Phone	Cell Phone
Alternate Address (if applicable)			
Race:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Does Client Speak English <input type="checkbox"/> Yes <input type="checkbox"/> No Primary Language Spoken in the home. <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____	

II. FAMILY HISTORY					
Mother's Name			Father's Name		
Address			Address		
<input type="checkbox"/> Email Address: (Please check the best form of contact)			<input type="checkbox"/> Email Address: (Please check the best form of contact)		
<input type="checkbox"/> Home Phone	<input type="checkbox"/> Work Phone	<input type="checkbox"/> Cell Phone	<input type="checkbox"/> Home Phone	<input type="checkbox"/> Work Phone	<input type="checkbox"/> Cell Phone
<input type="checkbox"/> Alive		<input type="checkbox"/> Deceased	<input type="checkbox"/> Alive		<input type="checkbox"/> Deceased
Marital Status – <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced			Marital Status – <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced		
EXTENDED FAMILY	NAME	AGE	RELATIONSHIP TO YOUTH		
Legal Guardian (if different from biological parents)					
Others Living in the Home					

YOUTH'S CURRENT PLACEMENT		<input type="checkbox"/> Home	<input type="checkbox"/> Other family member	<input type="checkbox"/> Program placement	<input type="checkbox"/> Detention
<input type="checkbox"/> Hospitalized	<input type="checkbox"/> Other	Please Explain: _____			

III. SCHOOL INFORMATION		
Name of School _____ _____ Education Level (grade) _____ School Attendance <input type="checkbox"/> Attending regularly <input type="checkbox"/> Attending sporadically <input type="checkbox"/> Dropped out <input type="checkbox"/> Expelled <input type="checkbox"/> Short term suspension <input type="checkbox"/> Long term suspension (more than 10 days) <input type="checkbox"/> Not attending	School Type <input type="checkbox"/> Alternative <input type="checkbox"/> Charter <input type="checkbox"/> Community college <input type="checkbox"/> Home bound <input type="checkbox"/> Online school <input type="checkbox"/> Private <input type="checkbox"/> Public <input type="checkbox"/> Other: _____ Does client have an IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No Retained <input type="checkbox"/> Yes <input type="checkbox"/> No Grade(s) retained: _____	Exceptional Designations <input type="checkbox"/> Academically gifted <input type="checkbox"/> Autistic <input type="checkbox"/> Behavior emotionally disable <input type="checkbox"/> Deaf/blind <input type="checkbox"/> Educable Mentally Disable <input type="checkbox"/> Hearing impaired <input type="checkbox"/> Multi-handicapped <input type="checkbox"/> Orthopedically impaired <input type="checkbox"/> Other health impaired <input type="checkbox"/> Pregnant <input type="checkbox"/> Severely profoundly mental disable <input type="checkbox"/> Specific learning disable <input type="checkbox"/> Speech-language impaired <input type="checkbox"/> Trainable mental disabled <input type="checkbox"/> Visually impaired Other School-Related Information including pertinent school staff _____ _____ _____

IV. REFERRAL SOURCE AND HISTORY OF PRESENTING PROBLEMS			
Referral Source(s) Name: _____ Number: _____ <input type="checkbox"/> Clergy <input type="checkbox"/> District Court <input type="checkbox"/> DJJDP <input type="checkbox"/> DSS <input type="checkbox"/> Mental Health <input type="checkbox"/> Multi-purpose <input type="checkbox"/> SRO (School Resource Officer) <input type="checkbox"/> Other Law Enforcement <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> School <input type="checkbox"/> Self-Referred <input type="checkbox"/> Superior Court <input type="checkbox"/> Teen Court <input type="checkbox"/> YDC (Youth Development Center) <input type="checkbox"/> Other	<input type="checkbox"/> Academic Failure <input type="checkbox"/> Assault/Aggressive Behavior <input type="checkbox"/> Excessive Dependence on Parents <input type="checkbox"/> Feelings of Anxiety <input type="checkbox"/> Fire Setting <input type="checkbox"/> Gang Associate (please elaborate) <input type="checkbox"/> Gang Involvement (please elaborate) <input type="checkbox"/> Negative Peer Associations <input type="checkbox"/> Physical/mental abuse <input type="checkbox"/> Poor Social Skills <input type="checkbox"/> Prostitution <input type="checkbox"/> Runaways Please explain: _____ _____ _____ _____	<input type="checkbox"/> School Behavior Problems <input type="checkbox"/> Self-Mutilation <input type="checkbox"/> Sexual Abuse <input type="checkbox"/> Sexual Offense <input type="checkbox"/> Stealing <input type="checkbox"/> Substance Use <input type="checkbox"/> Suicide Attempts <input type="checkbox"/> Suicide Threat(s) <input type="checkbox"/> Temper Tantrums <input type="checkbox"/> Truancy <input type="checkbox"/> Withdrawn, Depression	In the previous <u>12</u> months: # runaways _____ # short term suspensions _____ # long term suspensions _____ # expulsions _____ # days in detention _____ # out of home placements _____
Additional Presenting Problems/Comments: _____ _____ _____			

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V. GANG ASSESSMENT

DEFINITIONS: An individual is identified as a gang member by confirmation of at least two (2) of the following identifying criteria

- Declares membership/participation in a known gang
- Is identified by police/other law enforcement as a gang member
- Is identified by community members as a gang member
- Has established gang involvement by exhibiting behavior including: regular associations/communication with known gang members; use of hand signs, symbols/tattoos; having disseminating gang related documentation and has criminal record for gang activity.

Using this Definition and Parameters Listed Below, Please Check the Appropriate Boxes.

Level 1 (At risk): The individual is infatuated with gang lifestyle easily influenced. Imitates gang member behavior. May have participated in minor criminal activities.

Level 2 (Associate): Begins to hangout and claim. Part-time member. Picks and chooses the type of gang activity in which to engage. Delinquent/criminal activity such as getting into fights, stealing, robbing other people, selling drugs, and damaging property.

Level 3 (Regular Member): Current gang member, Initiated/Active. Full-time member, engaged in criminal activity. Model all gang characteristics. Given some minor responsibility. Affiliation, established leadership, roles and expected behavioral norms.

Level 4 (Hardcore Member): Leader (OG's, Veterans) Totally committed to gang lifestyle. Highly engaged in criminal activities. Gang is delinquent and organized; the individual is known to participate in criminal and organizational activities.

Target Population Parameters:

Wake County, North Carolina

Geographic Boundaries:

- Resides in geographic boundaries
- Level of gang involvement is a level 1, 2, or 3
- Age Range: 10-18 yrs
- Chronic School Truancy
- School suspensions or expulsion
- Criminally involved gang member
- Suspected gang member/family is a member
- Known gang member

VI. STRENGTHS AND WEAKNESSES

Family Strengths	
Family Weaknesses	
Youth Strengths	
Youth Weaknesses	

VII. JUVENILE JUSTICE INVOLVEMENT				
Is there DJJDP Involvement? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is participation court-ordered <input type="checkbox"/> Yes <input type="checkbox"/> No	Is youth on EHA (Electronic House Arrest) <input type="checkbox"/> Yes <input type="checkbox"/> No		
Current Legal Status <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; vertical-align: top;"> <input type="checkbox"/> N/A - No DJJDP involvement <input type="checkbox"/> Adjudicated delinquent disposition pending <input type="checkbox"/> Adjudicated undisciplined disposition pending <input type="checkbox"/> Commitment <input type="checkbox"/> Court counselor consultation <input type="checkbox"/> Deferred prosecution </td> <td style="width: 50%; border: none; vertical-align: top;"> <input type="checkbox"/> Diversion plan/contract <input type="checkbox"/> Petition filed <input type="checkbox"/> Post release supervision <input type="checkbox"/> Probation <input type="checkbox"/> Protective supervision <input type="checkbox"/> Unknown </td> </tr> </table>			<input type="checkbox"/> N/A - No DJJDP involvement <input type="checkbox"/> Adjudicated delinquent disposition pending <input type="checkbox"/> Adjudicated undisciplined disposition pending <input type="checkbox"/> Commitment <input type="checkbox"/> Court counselor consultation <input type="checkbox"/> Deferred prosecution	<input type="checkbox"/> Diversion plan/contract <input type="checkbox"/> Petition filed <input type="checkbox"/> Post release supervision <input type="checkbox"/> Probation <input type="checkbox"/> Protective supervision <input type="checkbox"/> Unknown
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Please indicate additional restrictive measures imposed by DJJDP - <hr/> <hr/>				

Has the youth's parent/legal guardian been informed of this referral? Yes No

What is the goal of proposed placement in this service/program?

<input type="checkbox"/> Assessment Only <input type="checkbox"/> Assessment and Services
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Person completing referral		Agency/Title	
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Best time to contact you regarding referral: AM PM

Best Method: Email Phone Number

Disposition of referral (agency use)	
Date Received:	
Date of Contact:	
Date of Intake:	
Date of Decision:	

Haven House Services, 600 Cabarrus St., Raleigh, NC 27603
 Phone: (919) 833.3312 Fax: (919)833.3512