



DANBURY YSB Referral FORM

Student Name: _____ **Date of Birth:** _____ **Age:** _____
School: _____ **School Counselor:** _____ **School Code** _____

Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Transgender	<input type="checkbox"/> Did not reply
Race:	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Other
	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Multiracial	<input type="checkbox"/> White	<input type="checkbox"/> Unknown/Did not reply
Ethnicity:	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Not Hispanic/Latino	<input type="checkbox"/> Unknown /Did not reply	

Address: _____ **Years living at current Residence:** _____

Parent/Guardian Name: _____ **Relationship to child:** _____
Home Phone: () _____ Work Phone: () _____ - Cell Phone: () _____

Parent/Guardian Name: _____ **Relationship to child:** _____
Home Phone:() _____ Work Phone:() _____ Cell Phone:() _____

Which number is best to contact? Cell _____ Email: _____

Parents relationships: _____ **Married** _____ **Separated** _____ **Divorced** _____ **Living together**

General family description (Youth Relationship with Family):

Additional Biological Family Information:

Name:	Primary Language:	Age:	Relation to youth:	Lives with youth: (Yes/No)

Primary Reason for Referral: (select all that apply)

<input type="checkbox"/> Positive Youth Development	<input type="checkbox"/> Bullying
<input type="checkbox"/> Physical/Sexual Abuse/Neglect	<input type="checkbox"/> Substance Abuse
<input type="checkbox"/> Delinquent behavior	<input type="checkbox"/> Pregnant/Teen Parent
<input type="checkbox"/> Truancy	<input type="checkbox"/> Homelessness/At risk of running away
<input type="checkbox"/> Defiance of School Rules	<input type="checkbox"/> Parenting/Family Issues
<input type="checkbox"/> Indecent/Immoral Conduct	<input type="checkbox"/> Beyond Control
<input type="checkbox"/> School Issues	<input type="checkbox"/> Non-School Issues
<input type="checkbox"/> Internet related	<input type="checkbox"/> Depression
<input type="checkbox"/> Dating Violence	<input type="checkbox"/> Trauma
<input type="checkbox"/> Suicidal Behavior	

To be accepted Case files must include these documents:

- Student ID # (SASID)**
- List or report of 2 prior interventions (for truancy cases)**
 - Attendance
 - Transcript and/or Report card
 - Release of consent information
 - Grades (**current**)
 - Current Credits and GPA (**if available**)
 - Disciplinary action (**i.e. suspension/expulsion**)

Primary Referral Source: (select from below)

___ Police
___ School
___ -Parent/Guardian
___ DCF
___ Superior Court/Juvenile Matters
___ Social Service Agency
___ Juvenile Review Board
___ Self
___ Other: _____ -

Referred by (Name & Title): _____
Date of referral: _____ - **Referral source phone:** _____
Referral source email: _____ -
Primary recommendation from referrer for case: