



# 2017 "JUST FOR HER" REFERRAL FORM

Take Charge Juvenile Diversion Program, Inc.

Name \_\_\_\_\_ Date \_\_\_\_\_

DOB \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ GPA \_\_\_\_\_

Nature of Charge(s)/Conduct \_\_\_\_\_

(Check One)

None – Parent Referral       School Referral       Agency/Court Referral

Does Referring Official require Progress Report and/or update:  Yes  No

Special Needs and Services Required. Comments:

*Please fax psycho-social reports, evaluations, or current grades if available to:*

(301) 420 7397 or [info@takechargeprogram.org](mailto:info@takechargeprogram.org).

Check All That Apply	HISTORY	Check All That Apply		Check One	Accountability	Check One	Evaluation or Other Services
	Youth Diversion/ Behavior Modification		CINS – Individual/ Family (Conflict/ Crisis/ Intervention)		ACCOUNTABILITY (Expelled, Multiple Suspensions or Out-of- School Youth)		Behavior/ Mental Health evaluation
	Court Ordered/ Adjudicated Offenses	— —	Truancy Issues  Substance Abuse		Victim Mediation/ Conflict Resolution		Life skills Academic support
	District of Columbia DHS, DBH, or Other		Sexual Abuse History		Other issues:		Community Service # hrs. ____
	Prince George's County		Sex Abuser				

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

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Youth's Cell \_\_\_\_\_ Youth's email \_\_\_\_\_ Parent's email \_\_\_\_\_

Best Time(s) to Call: (Check One)       MORNING       AFTERNOON       EVENING

Insurance Provider \_\_\_\_\_