

2016 - 2017 INTAKE REFERRAL FORM



Take Charge Juvenile Diversion Program, Inc.

Name _____ Date _____

DOB _____ Age _____ Gender _____ Height _____ Weight _____

School _____ Grade _____ GPA _____

Nature of Charge(s)/Conduct _____ JA#(s) _____

(Check One)

Detention Diversion w/STET Judge _____
 In-School Suspension Diversion w/Progress Report on _____
 Referral from Police Referral for services as noted below
 NEXT COURT DATE _____ SA/PD Contact/Lawyer _____

Referring Official _____ Phone _____ Email _____

Referring Agency/School _____

Address _____ City _____ State _____ Zip _____

(Check One)

DJS – Intake Division State’s Attorney Public Defender CPS DFS/CINS PGCPD DSS
 DJS – Other _____ Other, Specify _____

Has youth been detained? Yes No If Yes, Date(s) _____

Comments: _____

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

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

(301) 420 7397 or Jerrod.Mustaf@takechargeprogram.org.

Check One	12 Weeks, 2 hours/wk.	Check One	As Needed	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		Alexandria, VA		Other issues:		Community Service # hrs. ____
	Prince George’s County		Charles County		Calvert County		St. Mary’s county

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 _____