CUMBERLAND COUNTY YOUTH SERVICES COMMISSION REFERRAL FORM

(Revised 7/2025)

Note: Please submit completed form to requested service agency(s) listed for services below.

Please CC samuelwi@CumberlandCountyNJ.gov and julieco@CumberlandCountyNJ.gov with your submission.

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| Date: |       | Referring Agency: |       |
| Name of Referring Person: |       | Phone:  |       |
| Deferred Disposition: |       | Disposition: |       | Disposition Date: |       | Length of Term: |       |
| Court Ordered: | [ ]  Yes [ ]  No | Term Expiration Date: |       |
| DCP&P Involvement: | [ ]  Yes [ ]  No [ ]  Unknown | [ ]  Hearing [ ]  Sentencing Date: |       |
| Client Name: |       | Sex: |       | DOB: |       | Age: |       | Race: |       |
| Current Address: |       Email Address:       |
| Home Phone: |        | Cell Phone: |       | Language(s) Spoken: |       |
| School Currently Attending: |       | Phone: |       |
| Reason for Referral: |       |
| Names of persons currently living with juvenile: |
| Name |  | Relationship |  | Age |  | Name |  | Relationship |  | Age |
|       |  |       |  |       |  |       |  |       |  |       |
|       |  |       |  |       |  |       |  |       |  |       |
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| SERVICES REQUESTED – CHECK ALL THAT APPLY |

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| PREVENTION(Open to all youth) | DIVERSION(MRSS/FCIU, JCC, FAMILY COURT, LAW ENFORCEMENT, SCHOOLS) | DISPOSITION(JUVENILE PROBATION, FAMILY COURT) | DETENTION(FAMILY COURT) |
| [ ]  EUPHORIA LIFE CENTERSubmit to: euphoria@unitedadvocacygroup.org 856-305-7211 | [ ]  DRUG & ALCOHOL EVALUATIONSubmit to: robinha@cumberlandcountynj.gov 856-391-1639 | [ ]  DRUG & ALCOHOLEVALUATIONSubmit to: robinha@cumberlandcountynj.gov 856-391-1639 | [ ]  IN-HOME DETENTIONSubmit to:veronicasu@cumberlandcountynj.govtarabu@cumberlandcountynj.gov856-455-0717 |
| [ ]  GIRL SCOUTSSubmit to: customercare@gscsnj.org 856-795-1560 | [ ]  DRUG & ALCOHOL TREATMENTSubmit to: robinha@cumberlandcountynj.gov 856-391-1639 | [ ]  DRUG & ALCOHOL TREATMENTSubmit to: robinha@cumberlandcountynj.gov 856-391-1639 |  |
| [ ]  RISE & SHINE PROGRAMSubmit to: shaun.connors.sc@gmail.com 856-503-9186 | [ ]  INDIVIDUAL MENTORINGSubmit to: marisol@unitedadvocacygroup.org 856-506-7430 | [ ]  INDIVIDUAL MENTORINGSubmit to: marisol@unitedadvocacygroup.org 856-506-7430 |  |
| [ ]  SEXTING PREVENTION PRESENTATIONSubmit to: sierra.Parks@centerffs.org vconnelly@centerffs.org 856-408-3047 Ext. 22151 | [ ]  SEXTING INTERVENTIONSubmit to: paso@centerffs.org sierra.Parks@centerffs.org vconnelly@centerffs.org 856-408-3047 Ext. 22151 | [ ]  PSYCHOSEXUAL EVALUATIONSubmit to: paso@centerffs.org  856-408-3047 Ext. 22151 |  |
| [ ]  WAWA SUMMER YOUTH EMPLOYMENT PROGRAMSubmit to:jmendez@ccoel.org 856-696-5660 x3030 |  | ☐ SEX OFFENDER TREATMENTSubmit to: paso@centerffs.org  856-408-3047 Ext. 22151 |  |
|  |  | [ ]  PROBATION ENRICHMENT AND TRANSPORTATIONSubmit to: ernesto@unitedadvocacygroup.org 856-244-8241[ ]  YOUTH ATHELTIC OPPORUNITY SCHOLARSHIPSubmit to: ernesto@unitedadvocacygroup.org 856-244-8241 |

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| [ ]  Parent/ [ ]  Guardian [ ]  Foster Parent’s Name: |       |
| Address (if different from child’s): |       |
| Work Phone/Employer: |       | Work Hours: |       |
| Are caretakers aware that this referral is being made for services?  |       | Is transportation needed? |       |
| Emergency Contact: |       | Relationship: |       |
| Home Phone: |       | Work Phone: |       |  |
|  |
| **SCHOOL INFORMATION** |
| Last/Current School: |       | School Phone: |       |  |
| Classification: |       | CST Evaluation: | [ ]  Yes [ ]  No | Grade: |       |  |
| Reason for Referral/Issues: |       |  |
|  |       |  |
|  |       |  |
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| **EXISTING FACTORS OF JUVENILE’S PRESENT/PAST HISTORY (Check all that apply)** |
| [ ]  Actively Rejecting Help | [ ]  Inadequate Supervision | [ ]  Poor Frustration Tolerance |
| [ ]  Alcohol Abuse | [ ]  Inappropriate Discipline | [ ]  Poor Interpersonal Skills |
| [ ]  Alcohol Dependence | [ ]  Inconsistent Parent Figure | [ ]  Poor Problem Solving Skills |
| [ ]  Antisocial/ Pro-criminal Attitudes | [ ]  Inflated Self-Esteem | [ ]  Poor Relationship - Parent Figure |
| [ ]  Attention Deficit/Hyperactivity Disorder | [ ]  Lack of Independent Living Skills | [ ]  Poor School Performance |
| [ ]  Callous, Little Concern for Others | [ ]  Lack of Job Skills | [ ]  Post-Traumatic Stress |
| [ ]  Criminal Behavior - Family | [ ]  Lack of Remorse | [ ]  Repeated Suspensions |
| [ ]  Defies Authorities | [ ]  Lack of Teen Parenting Skills | [ ]  Runaway Behavior |
| [ ]  Delinquent Friends | [ ]  Lack of Vocational/Technical Skills | [ ]  Serious Mental Illness |
| [ ]  Difficulty in Controlling Youth’s Behavior | [ ]  Low Self-Esteem | [ ]  Sexually Acting Out |
| [ ]  Disruptive Behavior in School | [ ]  Marital Conflict - Parents | [ ]  Short Attention Span |
| [ ]  Domestic Violence in Family | [ ]  Medical Problems/Family | [ ]  Substance Abuse - Family |
| [ ]  Dropout | [ ]  Medical Problems/Juvenile | [ ]  Suicide Ideation/Gestures |
| [ ]  Drug Abuse | [ ]  Mental Illness - Family | [ ]  Teen Pregnancy |
| [ ]  Drug Dependence | [ ]  Neglect - Juvenile | [ ]  Truancy |
| [ ]  Family Exposure to Community Violence | [ ]  No/Few Positive Friends | [ ]  Verbally Aggressive |
| [ ]  Functioning Below Grade Level | [ ]  Physically Aggressive | [ ]  Victim of Physical Abuse - Juvenile |
| [ ]  Illiteracy | [ ]  Poor Anger Management | [ ]  Victim of Sexual Abuse/Incest - Juvenile |
| [ ]  Other: |       |
| Medical Issues: |       |
| Family Physician: |       | Phone: |       |
| Allergies: |       | Current Medications: |       |
| [ ]  Medicaid [ ]  Private Health Insurance: |       |
| Juvenile is not to have contact with the following persons: |       |
| PERFORMCARE |
| Were the services requested sought through PerformCare before submitting this referral?  | [ ]  Yes [ ]  No |
| IF NO, WHY NOT? |
|       |
| IF YES, WHY IS THIS REFERRAL BEING SUBMITTED? |
|       |
| DATE OF CALL:        | TIME OF CALL:       | LENGTH OF CALL:       |

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| PARENTS / GUARDIANS |
| Has the youth’s parent / guardian been informed that this referral for services is being submitted? | [ ]  Yes [ ]  No |
| IF NO, WHY NOT? |
|       |