Clermont County Juvenile
COMMUNITY RESOURCE CENTER

Welcome!

"Lighting the way to a brighter day!"

Referral Form - SHORT

Youth's Name: _____ **D.O.B.**: _____

Youth's Address: _____ **Phone**: _____

Legal Custodian (L.C.) Name, Phone, Email: _____

_____

Referral Source: **Name & Contact Info.**: _____

_____; **ROI Signed**: ☐ Y ☐ N

Please check one or more of the following Service(s) that are being applied for:

o Truancy Intervention: _____

o Unruly Intervention: _____

o Linkage to Services: _____

o Assessment(s): _____

_____

o Other: _____

Group Being Referred To:

☐ All About Being a Teen; ☐ L.I.F.E. Skills; ☐ Autism (parents only); ☐ Coffee Talk

☐ Other (please type-in): _____

School: _____ **Grade**: _____ **District**: _____

IEP/504 Plan? : ☐ Y ☐ N ; **If yes, what's it for?**: _____

Is this youth currently experiencing ANY suicidal thoughts, feelings, thinking about a method, making a plan, or feeling ANY intention to act on a thought/feeling/plan? ☐Y ☐N

_____

Other Concerns/Unmet Needs/Unsolved Problems: _____

_____

Please send this referral to: CCJCRC@clermontcountyohio.gov