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| BIG BROTHERS BIG SISTERS OPTIONS REFERRAL FORM (6 month referral) |
| Juvenile: | DOB:  |
| Address: | Phone:  |
| Gender: [ ]  M [ ]  F | Most Serious Offense: |
| Parent/Guardian:  | Home # Cell # |
| Aware: [ ]  Y [ ]  N Supportive: [ ]  Y [ ]  N | Other Comments: |
| DISPOSITION DATA |
| Juvenile’s Panel Appearance Date: | Supervision (min. 6 months) ends on: |
| Panel Contact for Options:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Best Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Mailing Address for Monthly Progress Reports:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Additional Desired Phone/Email Communication (Circle one) **Monthly Bimonthly As Needed** |
| PANEL CONDITIONS  |
| [ ]  | Participate in 1 valuable Options group activity such as Career Day, life skills workshop, inspirational speaker event, etc. Complete all or designated sections of Options Life Skills Workbook. |
| [ ]  | CSW Hours Required \_\_\_\_\_\_\_\_\_ CSW Location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**(\*Options can provide opportunities for up to 15 hours of CSW)** |
| [ ]  | Clinical assessment with Psychological Consultant (Please complete info. below) |
| **[ ]**  | Drug & Alcohol Classes |
| **[ ]**  | Letter of Apology |
| [ ]  | Other Conditions: |
| INDIVIDUAL INFORMATION |
| School: | Current Grade: |
| Reason for Options Referral/Description of Youth: |
| Reason for Assessment with Dr. Dawn Haaz, Psychological Consultant with Options:\*Please do not refer youth for this assessment who are already receiving mental health services.  |