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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. | | | | | | |