

CINS/FINS REFERRAL FORM CONFIDENTIAL

| Name of Youth: Date | | | | | |
|--|--|--------------|--|--|--|
| DOB: Age: SSN: | vi | Race: | | | |
| School: Grade: | | one: | | | |
| Parent/Guardian: | | | | | |
| Street Address: | | e Phone: | | | |
| City: State: Zip Code: | State: Zip Code: Work Phone: | | | | |
| Siblings of Youth: | | | | | |
| Referring Source: Phone: | | | | | |
| | | | | | |
| Is the Youth between the ages of 10-17?YesNo | | | | | |
| Is the Youth currently involved with DJJ? Yes No | | | | | |
| Is the Youth or family under DCF Supervision?YesNo | | | | | |
| YOUTH/FAMILIES WITH CURRENT DJJ OR DCF INVOLVEMENT ARE INELIGIBLE | | | | | |
| FOR YFA SERVICES | | | | | |
| Youth <u>must</u> have 1 characteristic | · · · · · · · · · · · · · · · · · · · | gories: | | | |
| I. SCHOOL RELATED ISSUES | | | | | |
| Attendance Issues Not enrolled in school | | | | | |
| ☐ Skipping classes 3 or more time in the last 60 days | | | | | |
| Skipping school 3 or more times in the lastHabitually truant (more than 15 absences in the last | ·60 days, but not habit n 90 days) | ually truant | | | |
| Behavior Issues | | | | | |
| ☐ Currently suspended ☐ Currently expelled | | | | | |
| Suspended within current or previous schoolExpelled within current or previous school | ol year vear | | | | |
| Academic Issues | | | | | |
| Falling one or more classes in the past 6 mHeld back/failed a grade level more than or | | | | | |
| ☐ I earning disabled or mental illness (ADD) | | ta \ | | | |

| H. | FA | MIL | Y RELATED ISSUES |
|-------------|-------------|-------------|--|
| | • | | rent Issues |
| | | | Parents/youth make statements that parents cannot control the child's behavior |
| | | | Have unclear or no limits regarding the child's behavior |
| | | | |
| | | | Cannot state with whom child spends free time |
| | | | Not aware of problems in school |
| | • | Fan | nily History |
| | | | Have documented instances of child abuse or neglect |
| | | | |
| | | | n and the contract of the cont |
| | 6 | Infl | uence (parent, guardian, or sibling in child's life) |
| | • | | Prior criminal record |
| | | | Prior jail or prison time |
| | | | Currently on probation or parole |
| | | ficed | Outrointy of probation of parole |
| 111. | SU | BST | ANCE ABUSE |
| | • | Sub | ostance Abuse |
| | | | Used tobacco 3 or more times in the last 30 days |
| | | | Used drugs/alcohol 3 or more times in the last 30 days |
| | | | Been charged with drug related offenses |
| | | | |
| IV. | BE | HAV | VIORAL ISSUES |
| | • | Leg | al or Gang Involvement |
| | | | Repeatedly stolen from the family, house or neighbors |
| | | | Been charged with burglary related offenses |
| | | | Admitted to being a gang member |
| | | | Reported by parents/guardian/law enforcement to be involved with gang activity |
| | | | Associated with youth involved with serious/delinquent behavior |
| | | | Associates with youth who have a delinquency record |
| | | | Has a delinquency record |
| | | | Arrested for vandalism |
| | | | Has engaged in physical aggression toward family members |
| | _ | D | aning Aurau |
| | • | Col | nning Away Ran away from home once for an extended period of time (one week or more) |
| | | | Ran away from home 3 or more times in the past 90 days |
| | | ö | Is currently a runaway |
| | | | io ouncing a idiaway |
| | | | |
| Coi | nme | ents_ | |
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| lf y | ou f | ind t | hat this child qualifies for the CINS/FINS Services, please fax or send this form to: |
| | | | |

Youth & Family Alternatives 324 W. Highland Drive Lakeland, FI 33813

Fax: (863)499-2434 Phone: (863)499-2430