

EVENING REPORTING CENTER REFERRAL FORM

PLEASE CHECK ONE:



**BOYS & GIRLS CLUBS
OF GREATER OXNARD AND
PORT HUENEME**



1555 Town Center Way #745
Simi Valley, CA 93065

1900 W. 5th Street
Oxnard, CA 93030

421 Sespe Ave.
Fillmore, CA 93015

Section 1- Referring Source: Date: _____ Probation Officer: _____
Telephone: _____ E-mail: _____
Probation Unit:
(Please check appropriate box) JSP ISSJ JFS

Section 2- Program Participation Plan:
Youth's Full Name: _____ Person #: _____
Youth's Start Date: _____ Youth's Expected Time of Arrival: _____
 Days of Programming: _____ (*minimum 20, maximum 45*) CS Hours to be completed: _____
Source of Transportation to center: _____ HOME: _____
Responsible party to pick up youth at center: _____

Section 3- Youth Information:
Youth's DOB (Mo/Day/Yr): _____ Age: _____ Gender: _____
Ethnicity: White Black Latino Asian Pacific Islander Native American Other
Youth's Primary Language: _____
Language Spoken at Home: English Spanish Other
Address: _____ City: _____ Zip: _____
Primary Telephone#: _____ Alternate Telephone#: _____
Date Placed on Probation: _____ Informal: Formal:
School Status: In School Independent Study Not Enrolled
Last School Attended: _____ Current Grade: _____

Section 4- Parent/Guardian Information:
Parents/Guardians Name(s): _____
Home Phone: _____ Cell Phone: _____
Are there any safety concerns with parents/guardians? _____

EVENING REPORTING CENTER REFERRAL FORM (cont.)

Section 5- Immediate Needs: (Please check all that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> Independent Living Skills | <input type="checkbox"/> Tutoring Services | <input type="checkbox"/> Academic Assistance |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Job Skills | <input type="checkbox"/> MRT: Moral Recondition Therapy |
| <input type="checkbox"/> Positive Peer Associations | <input type="checkbox"/> Parent Communication | <input type="checkbox"/> Pro-social Activities |

Is youth currently participating in any programming and/or receiving services? If so, please indicate name of agency involved:

Section 6- Current Behavior: (Please check all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Drug/Alcohol Use | <input type="checkbox"/> Assaultive Behaviors |
| <input type="checkbox"/> Cruelty to animals | <input type="checkbox"/> Depression | <input type="checkbox"/> Sexual Acting Out |
| <input type="checkbox"/> Sleep Disturbances/Nightmares | <input type="checkbox"/> Disruptive | <input type="checkbox"/> Suicidal Ideation |
| <input type="checkbox"/> Gang Affiliation (List gang): _____ | <input type="checkbox"/> Other | |
| <input type="checkbox"/> Tagging Crew Affiliation (List crew): _____ | | |

Section 7- Strengths:

What are the youth's strengths?

What are the family's strengths?

Attach Youth's Probation Case Plan Attached

Special notes regarding youth:

E-Mail Referral Form and Case Plan To:

<input type="checkbox"/>	Boys & Girls Club	TO: kplummer@bgcop.org (Kenny Plummer) CC: ozapata@bgcop.org (Omar Zapata) CC: dawn.whitt@ventura.org (SrDPO Dawn Whitt)
<input type="checkbox"/>	One Step A La Vez	TO: jazmin@myonestep.org (Jazmin Aguirre) CC: kate@myonestep.org (Kate English) CC: dawn.whitt@ventura.org (SrDPO Dawn Whitt)
<input type="checkbox"/>	Big Brothers Big Sisters	TO: jjuarez@bbsvc.org (Jessie Juarez) CC: lwest@bbsvc.org (Lynne West) CC: dawn.whitt@ventura.org (SrDPO Dawn Whitt)