



FORWARD FOCUS REFERRAL FORM

Youth referred by _____ Date of Referral _____

(Probation Officer or Magistrate Name) _____

Probation/Magistrate Office Address _____

Referral E-mail Address _____

Offense/Charge(s) _____

Court Ordered: Yes _____ No _____

Extended Service/Informal Adjustment _____ Consent Decree _____ Adjudicated Youth _____

Judge _____

Next Court Hearing (if applicable) _____

CYF Involvement: Yes _____ No _____

Program Referral:

- Victim's Awareness Program
- Community Service
- Substance abuse education and recovery group
- Anger Management

Anticipated timeframe to complete program requirements:

3 Months _____ 6 Months _____ 9 Months _____ 12 Months _____

Community Service Hours* _____ **Restitution Amount** _____

*Each youth must complete a minimum of 25 Community Service hours prior to earning wages.

YOUTH INFORMATION

Name _____

Address _____

Social Security # _____

City _____ Zip Code _____

School _____ Phone # () _____

Grade _____ Sex _____ Race _____ Age _____

Birth Date _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name _____

Relationship _____

Address _____

City _____ Zip Code _____ Phone # _____

E-Mail Address _____

Please identify an alternate person and phone number which can be used if the Forward Focus Staff are unable to contact a parent/guardian for the intake interview and/or an emergency.

Name _____ Relationship _____

Phone _____

Please email completed form to: Tonami Jones, Intake Coordinator, Raze Youth Programs hereinpittsburgh2018@gmail.com Greater Hope Restoration Ministries 528 East Main St. Carnegie, PA. 15106 Phone: 412-307-9899