

Connections for Families Referral Form

Referral Source: Second Chance Tobacco Program

srtreferral@connections4families.org



Referral Name:
Referral Agency:
Phone Number:
Email:

This referral is because a youth violated the tobacco policy.

1. Fill out this form and email to srtreferral@connections4families.org
2. Give the youth the Student and Parent Information Sheets to take home
3. Once Connections for Families receives this form, staff will be in touch with the youth and parents

Child/Youth Name:	Date of Referral:
Parents/Guardian Name:	Age:
	Date of Birth:

Home Address:	Email:
	Home Phone:
	Work Phone:
	Other phone:

EDUCATION

School:	Grade:
Attendance History:	Suspensions:
Special Ed.? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Special Ed., last IEP date:
If SIED, current placement/programming:	

LEGAL

Court Involvement? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes: <input type="checkbox"/> D&N <input type="checkbox"/> Delinquency <input type="checkbox"/> PRNP
Adjudication Dates:	
Types of Adjudication: <input type="checkbox"/> Property <input type="checkbox"/> Person <input type="checkbox"/> Sexual <input type="checkbox"/> Other:	
Probation Officer:	ISP? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Next Hearing:	PSI Complete? <input type="checkbox"/> Yes (attach) <input type="checkbox"/> No
Agency Involvement: <input type="checkbox"/> SB94 <input type="checkbox"/> Diversion <input type="checkbox"/> NYC <input type="checkbox"/> Other legal:	

Attach Reports