HEALTH & HEALING
APPLICANT REFERRAL

Date _____

Parent/Guardian Name

_____

Address _____

City, St, Zip _____

Applicant Name

_____

Phone(s) _____

Applicant Phone _____

Applicant Date of Birth _____

Applicant Race _____

Applicant Age on Referral Date _____

Applicant Date of Birth _____

Applicant Sibling(s) _____

Adult Completing Form _____

Level of Service

- ☐ I.I.P. (Immediate Intervention Program
- ☐ I.S.P. (Intensive Supervised Program)
- ☐ C.I.P. (Community Intervention Program)
- ☐ N/A

Enrollment Status

- ☐ Enrolled - Attending
- ☐ Enrolled - ISS/OSS
- ☐ Virtual School
- ☐ Withdrawn

School Grade _____

Criminal Offense

- ☐ Low Risk
- ☐ Medium Risk
- ☐ High Risk

Academics

- ☐ I.E.P.
- ☐ P.L.P
- ☐ N/A

Next Court Date

_____

Behavior Strengths

_____

_____

_____

_____

_____

Behavior Weaknesses

Goas and Objectives