



Youth Services Referral Form

2299 West Adams Ave, Suite 101-106 ♦ El Centro, CA 92243 ♦ Phone (760) 337-5565

Please forward referral form via Fax at (760) 337-5566 or email to Program Manager Marysol.Medina@theritetrack.com

REFERRING AGENCY	
Referring Agency:	Referral Date:
Referring Person:	Phone #:

PARTICIPANT INFORMATION			
Name:	DOB:	Age:	Pronouns:
Address:	City:		
Parent/Guardian Name:	School:		
Phone Number:	Message Number:		

AT-RISK BEHAVIORS <i>(please check all that apply)</i>		
<input type="checkbox"/> Substance Abuse	<input type="checkbox"/> Lack of Academic Achievement	<input type="checkbox"/> Contact w/ Law Enforcement
<input type="checkbox"/> Negative Peers/ Relations	<input type="checkbox"/> Lack of Prosocial Activities	<input type="checkbox"/> Informal Probation
<input type="checkbox"/> Anti-Social Behaviors	<input type="checkbox"/> Mental Health History	<input type="checkbox"/> Deferred of Entry
<input type="checkbox"/> Aggression	<input type="checkbox"/> Homelessness	<input type="checkbox"/> Formal Probation
<input type="checkbox"/> Truancy	<input type="checkbox"/> Disruptive/Explosive Behavior	<input type="checkbox"/> Open Case with DSS
<input type="checkbox"/> Teen Parent/Expecting	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Other:

PARTICIPANT RISK LEVEL			
<input type="checkbox"/> Low Risk	<input type="checkbox"/> Moderate Risk	<input type="checkbox"/> Moderate-High Risk	<input type="checkbox"/> High Risk

RITE TRACK PROGRAMS				
<input type="checkbox"/> Proud Parenting	<input type="checkbox"/> Mentoring & Tracking	<input type="checkbox"/> Evening Learning Center	<input type="checkbox"/> Post Placement Services	<input type="checkbox"/> Secure Track
Δ If applicable, please attach disposition documents and PACT assessment				

RITE TRACK PERSONNEL ONLY			
Date Received:	Initials:	Assigned Staff:	
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied/Does not meet criteria	Program Assigned:	Date Assigned: