



### 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 [referrals@theritetrack.com](mailto:referrals@theritetrack.com)

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

PARTICIPANT INFORMATION			
Name:	DOB:	Age:	Gender:
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"/> Low 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"/> Justice Involved/History
<input type="checkbox"/> Anti-Social Behaviors	<input type="checkbox"/> Mental Health History	<input type="checkbox"/> Currently on Probation
<input type="checkbox"/> Aggression	<input type="checkbox"/> Disruptive/Explosive Behavior	<input type="checkbox"/> In custody at Juvenile Hall
<input type="checkbox"/> Truancy	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Child Welfare Involved/History
<input type="checkbox"/> Parent/Expecting	<input type="checkbox"/> Medi-Cal Insured	<input type="checkbox"/> Open Case with Child Welfare
<input type="checkbox"/> Homelessness	<input type="checkbox"/> No Insurance	<input type="checkbox"/> Other:

PARTICIPANT RISK LEVEL			
<i>(risk levels are measured in accordance with the participants identified risk barriers referenced above)</i>			
<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"/> Evening Learning Center (ELC)	<input type="checkbox"/> Mentoring & Tracking (MT)	<input type="checkbox"/> Secure Track (ST)
<input type="checkbox"/> ELLAS- Mentoring Program	<input type="checkbox"/> UNIDOS Program	Elevate-Parenting Program
<b>Δ If applicable, please attach any supporting documents, disclosures, disposition documents and PACT assessment</b>		

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