



REFERRAL FORM

FIRST CHANCE 4U BOY'S GROUP

Date of Referral: \_\_\_\_\_

Start Date of Session: \_\_\_\_\_

Referral Source (check one):

- Juvenile Entry Diversion Initiative (JEDI)
- Department of Juvenile Services (DJS)
- Frederick County Public Schools (FCPS)
- MD Choices
- Way Station
- Other (Please specify): \_\_\_\_\_

Name of Person Making Referral: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_

Name (Participant): \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Parent/Guardian Phone #: \_\_\_\_\_

Ethnicity and Race of Participant (check all that apply):

- |  |   |
|--|---|
| <input type="checkbox"/> Hispanic or Latino                        | <input type="checkbox"/> Not Hispanic or Latino |
| <input type="checkbox"/> Black or African American                 | <input type="checkbox"/> Caucasian              |
| <input type="checkbox"/> American Indian or Alaskan Native         | <input type="checkbox"/> Asian                  |
| <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |   |

Participant's School: \_\_\_\_\_ Grade: \_\_\_\_\_

For DJS/JEDI Only:

Current Offense(s): \_\_\_\_\_

Legal Status: \_\_\_ Diversion \_\_\_ Intake \_\_\_ Probation \_\_\_ Court

Length of Probation (if applicable): \_\_\_\_\_

Comments:

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Please email completed referral to [Feldman@lead4lifeinc.org](mailto:Feldman@lead4lifeinc.org) or fax to 240-629-3040.