

# "JUST GIRLS"

A Program Component of REPAY, INC.

## REFERRAL FORM

CLIENTS NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SS# \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_

CLIENT'S ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

SCHOOL ATTENDING: \_\_\_\_\_ GRADE: \_\_\_\_\_

### CONTACT TELEPHONE NUMBERS:

HOME: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ CONTACT PERSON: \_\_\_\_\_

REFERRAL SOURCES: \_\_\_\_\_

REASON FOR REFERRAL: \_\_\_\_\_  
\_\_\_\_\_

### PLEASE INDICATE ANY OF THE FOLLOWING IN THE CLIENT'S HISTORY:

Running Away \_\_\_\_\_yes \_\_\_\_\_no  
Substance Abuse \_\_\_\_\_yes \_\_\_\_\_no  
Sexual Offending \_\_\_\_\_yes \_\_\_\_\_no  
Sexual Abuse \_\_\_\_\_yes \_\_\_\_\_no  
Family Problems \_\_\_\_\_yes \_\_\_\_\_no  
Behavior Problems \_\_\_\_\_yes \_\_\_\_\_no  
Aggressive Behavior \_\_\_\_\_yes \_\_\_\_\_no  
Medical Problems \_\_\_\_\_yes \_\_\_\_\_no  
Placement on Probation \_\_\_\_\_yes \_\_\_\_\_no  
Pregnancy \_\_\_\_\_yes \_\_\_\_\_no

Placements in Detention Center \_\_\_\_\_yes \_\_\_\_\_no  
Special Education Placements \_\_\_\_\_yes \_\_\_\_\_no  
Physical Abuse \_\_\_\_\_yes \_\_\_\_\_no  
Mental Health Treatment \_\_\_\_\_yes \_\_\_\_\_no  
Attention Difficulties \_\_\_\_\_yes \_\_\_\_\_no  
Repeated Grades \_\_\_\_\_yes \_\_\_\_\_no  
Truancy \_\_\_\_\_yes \_\_\_\_\_no  
School Suspensions \_\_\_\_\_yes \_\_\_\_\_no  
Expulsion from School \_\_\_\_\_yes \_\_\_\_\_no  
Placement in Alternative School \_\_\_\_\_yes \_\_\_\_\_no

IS CLIENT CURRENTLY ON PROBATION? \_\_\_\_\_yes \_\_\_\_\_no

IF YES, WHO IS ASSIGNED JUVENILE COURT COUNSELOR? \_\_\_\_\_

