

REFERRAL TO JUVENILE FAMILY CRISIS INTERVENTION UNIT/ TRY IT

☐ **Station House Referral**

☐ **Station House Referral – Sexting**

☐ **Direct Referral (non-juvenile delinquency)**

On _____, we became aware of and/or resolved a juvenile family crisis situation in the community. We have advised the parent or guardian to contact the Juvenile Family Crisis Intervention Unit for family counseling to avoid future crisis.

The juvenile is between the ages of 10 and 17 and the juvenile and his/her family are not involved with the Division of Child Protection & Permanency (DCP&P). .

Juvenile's Name: _____

Address: _____

Age: _____ D.O.B. _____ Parent/Guardian _____

Race: _____ Sex: _____ Telephone: _____

School: _____ Grade: _____

Check off any of the following problems which are being experienced by the family.

- ____ 1. Serious conflicts between parent/guardian/and teen.
- ____ 2. Repeated disregard of parental authority by teen.
- ____ 3. Parent/guardian has threatened to put teen out of the house.
- ____ 4. The teen has a history of running away.
- ____ 5. Repeated pattern of unexcused absence from school. # Of days missed _____
- ____ 6. Sexting or Disorderly Persons offense Or PDP offense etc. for diversion.
- ____ 7. Substance Abuse Concerns_

Brief description of the situation: _____

The family was notified of this referral Yes: _____ No: _____

Referral source Name: _____

Agency or School _____

Telephone Number: _____ Date Referral sent: _____

SEND TO: Director, Atlantic County Juvenile Family Crisis Intervention Unit
Shoreview Building, 101 S. Shore Road
Northfield NJ 08225
(609) 645-5862 Fax **(609)-645-5809**