



COMMUNITY BASED YOUTH SERVICES

Referral Form

Date: _____

Please Check the service requested:

Alternatives to Detention Targeted Case Management (Must have MaineCare)

Back on Track (Ages 13-18) ServiceWorks (Community Service)

Please select appropriate curriculum for Back on Track:

Skills for Responsible Thinking (SRT) Adolescent Anger Management Program (AAMP)

Name: _____
Last First

Address: _____

Phone # _____ Parent/Guardian: _____ DOB: _____

SSN: ____ - ____ - ____ Male Female

FOR JUVENILE JUSTICE CLIENTS ONLY

JCCO: _____

YLS/CMI Score: _____ N/A

Detention Risk Assessment Score: _____ N/A

Legal Status: (Check One)

- Informal Adjustment Supervised Conditions of Release Drug Court
 Juvenile Probation After-Care
 No Involvement

Source of Funding (*Circle One*)

MaineCare (ID #: _____) Private Insurance BDS DHHS DOC Other: _____



Name of Person Completing the Referral: _____

Phone #: _____ Agency: _____

Please list other current service providers and agencies:

PROGRAM SPECIFIC INFORMATION

Back on Track: Location Preference: _____

ServiceWorks: How many Community Service hours are needed? _____ By what date: _____

Alternatives to Detention: Location Preference: (Cumberland County) ____ (York County)____

DOC Supervisor Authorization: _____ Date: _____

SUPPORTING DOCUMENTATION

When possible....

For Juvenile Justice Referrals please attach a copy of

- criminal history form (if appropriate)
- most recent Treatment Plan
- YLS/CMI
- other pertinent information

For Mental Health Referrals please attach a copy of

- most recent assessment

*For more information on any **LearningWorks** Mental Health or Juvenile Justice Programs please call/email Donna Mrowka, Director of Community Based Youth Services*

775-0105 ext 133 dmrowka@learningworks.me

Fax Referral to Donna Mrowka 775-1392