Rockwall County Juvenile Services

Prevention Program Referral

The following to be completed by the Referring Agency

Initial Referring Agency: _____ Referral Date: _____

☐ School ☐ Municipal Court ☐ Justice of the Peace Court ☐ Parent ☐ Other

Contact Person: _____ Phone: _____

Contact Person Email Address_____

Youth Name: _____Sex: M _____F_____

Age: _____ DOB: _____

School: _____ Current Grade: _____

Youth/Parent/Guardian (Primary): _____

Street: _____City: _____Zip: _____

Home#_____ Cell#_____ Work#_____

Please indicate the program(s) to which you are referring this youth:

☐ The Bridge School – Online Courses ☐ The Bridge School – GED Preparation

☐ Life Management Resources – substance abuse evaluation / treatment

Brief reason for Referral: _____

_____

The following to be completed by Juvenile Services

Referral received by: _____ Date: _____

Intake meeting with: _____Date: _____

Referral to Service Provider by: _____Date: _____

The following to be completed by Prevention Program Service Provider

Service Provider Contact Person: _____ Phone: _____

Contact Person Email Address_____

Intake / Evaluation Date: _____

Service Provider Recommendation _____

_____

Program start date: _____ Estimated end date: _____

Please email this form to Janet Moss, Prevention Program Officer, at jmoss@rockwallcountytexas.com

or Fax to Rockwall County Juvenile Services at 972-722-7915. For questions, call our office at 972-204-7450.