



Struggle of Love Foundation Intervention Services - Referral Form

This document contains confidential information and should be handled accordingly.

Section A: To be completed by referring agency

FIRST NAME:	MIDDLE	LAST NAME:	REFERRAL DATE:
<input type="text"/>	:	<input type="text"/>	<input type="text"/>
AKA/MONIKER:	DOB:	AGE:	GENDER:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Male <input checked="" type="radio"/> Female
ADDRESS:	CITY:	ZIP CODE:	PHONE:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Cell Phone?			
ETHNICITY:			
<input type="checkbox"/> White/Non Hispanic <input type="checkbox"/> Hispanic <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Other			
REFERRING AGENCY:	REFERRING AGENCY CONTACT:	CONTACT PHONE:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
		CONTACT EMAIL:	
		<input type="text"/>	
PLEASE CHECK ALL THAT APPLY:		GANG ASSOCIATION:	
<input type="checkbox"/> Gang-Affiliated <input type="checkbox"/> Generational Gang Family <input type="checkbox"/> High-Risk Street Activity <input type="checkbox"/> Recent Victim of a Shooting or Act of Violence <input type="checkbox"/> Prior Criminal History <input type="checkbox"/> Recent Release from Jail, Prison, Detention Facility <input type="checkbox"/> Identified Ceasefire Client		What gang is client associated with? <input type="text"/> Is client's role in gang significant? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know Does client's family have connections to a gang? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know Does client want to leave the gang? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	
CRIMINAL HISTORY:		CURRENT SUPERVISION (IF APPLICABLE):	
<input type="checkbox"/> Prior/Current Municipal Charges <input type="checkbox"/> Prior/Current Federal Charges <input type="checkbox"/> Prior/Current Misdemeanor Charges <input type="checkbox"/> Prior/Current Human Services Involvement		<input type="checkbox"/> Adult Probation <input type="checkbox"/> Juvenile Probation <input type="checkbox"/> County Probation <input type="checkbox"/> CDOC Parole <input type="checkbox"/> NYC Parole <input type="checkbox"/> YOS <input type="checkbox"/> CDOC Facility <input type="checkbox"/> City/County Jail <input type="checkbox"/> Community Corrections <input type="checkbox"/> Human Services <input type="checkbox"/> Diversion	



<input type="checkbox"/> Prior Jail <input type="checkbox"/> Prior Prison <input type="checkbox"/> Current Charges <input type="checkbox"/> *Have you checked for an active warrant? *Please note, SOLF will not work with client until warrant is no longer active	<input type="checkbox"/> Other: <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
EDUCATION: Client's highest level of education: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> Is client enrolled in school/GED program? <input type="checkbox"/> Yes <input type="checkbox"/> No School Name: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	EMPLOYMENT: Is client currently employed? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where? <div style="border: 1px solid black; height: 20px; width: 100%;"></div> Is client interested in job training/placement? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
FAMILY: Who is client currently living with? <div style="border: 1px solid black; height: 20px; width: 100%;"></div> Does client have a stable home life? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know Would client's family be supportive of client leaving the gang? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know Does client have any children and/or custody issues? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	PRO-SOCIAL ACTIVITIES: What pro-social activities is client involved in? <div style="border: 1px solid black; height: 40px; width: 100%;"></div> Are there any pro-social activities client would like to take part in? <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
SUBSTANCE ABUSE: Does client use drugs or alcohol? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know If so, please list: <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	MEDICAL/MENTAL HEALTH: Is client currently involved in a treatment program? <input type="checkbox"/> Yes <input type="checkbox"/> No Would client consider attending counseling/treatment/support group if needed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know Has client experienced any significant trauma during his/her lifetime? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know Has client had previous trauma screening? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know



Is client currently involved in a substance abuse treatment program?

Yes No

CASE REQUIREMENTS AND SUPPORT SERVICES BEING REQUESTED:

Are there any requirements that the client must fulfill as part of his/her case plan that you would like assistance with?

Has a case plan been developed? (If so, please attach)

Yes No

What are the priority areas you would like SOLF to assist client with?

- | | |
|--|---|
| <input type="checkbox"/> Outreach Worker (mentoring) | <input type="checkbox"/> Housing |
| <input type="checkbox"/> Opportunities Provision/Job Placement | <input type="checkbox"/> Medical |
| <input type="checkbox"/> Education | <input type="checkbox"/> Clothing |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Identification |
| <input type="checkbox"/> Tattoo Removal | |

Other:

Struggle of Love Foundation Program Agreement:

Yes No

Have you spoken to client about the SOLF program?

Has client voluntarily agreed to receive support services from Struggle of Love Foundation?

Yes No

PLEASE FILL OUT IF CLIENT IS A JUVENILE

Parent/Guardian Name(s):

Phone:

Have you spoken to client's parents/guardians about the SOLF program?

Yes No

CLIENT RISK ASSESSMENT INFORMATION

Has client undergone a risk assessment tool?

Yes No

Please list overall score for each category:

Referral Agency Signature:

Date:



Please email this form to struggleoflove@comcast.net

PLEASE REMEMBER TO ATTACH SIGNED RELEASE OF INFORMATION FORM, CONSENT FORM AND CASE PLAN

Section B: *To be completed by Intervention Coordinator*

Review Date:

Referral Agency Follow-up Date:

Information Received with Referral Form:

Signed Release of Information

Risk Assessment

Case Plan

Other:

Assigned Outreach Worker:

Date Case Assigned to Outreach Worker:

Date Entered in Client Track (outreach workers has three days from this date to contact client):

NOTES: