



REFERRAL TO PROJECT SAVE SAFE ALTERNATIVES & VIOLENCE EDUCATION

Contact: Venice A. Jenkins, (916) 228-2200, FAX: (916) 228-2216

DATE OF REFERRAL: _____

STUDENT INFORMATION: Please identify only one student per referral form.

NAME: _____	GENDER: _____	DOB: _____
HOME ADDRESS/CITY/ZIP: _____		
HOME PHONE: _____	GRADE LEVEL: _____	
SCHOOL AND DISTRICT AT TIME OF OFFENSE: _____		
CURRENT SCHOOL AND DISTRICT: _____		

REASON FOR REFERRAL:

DATE OF OFFENSE: _____ LOCATION OF OFFENSE: _____

OFFENSE/DESCRIPTION/WEAPON: _____

Is Juvenile a first-time offender: NO YES If NO, explain: _____

Is Juvenile currently on probation: NO YES Probation Officer: _____

Probation Officer's Phone: _____ Probation Officer's Fax: _____

Check Discipline Option Used. Referral to Project SAVE is a condition of:

- | | | |
|---|---|---|
| <input type="checkbox"/> Suspension Contract | <input type="checkbox"/> Suspended Expulsion Contract | <input type="checkbox"/> Probation Contract |
| <input type="checkbox"/> Rehabilitation Plan/Expulsion Contract | <input type="checkbox"/> Court Order | <input type="checkbox"/> SARB Contract |
| <input type="checkbox"/> NAB Contract | <input type="checkbox"/> Other (identify): _____ | |

PARENT/GUARDIAN INFORMATION:

PARENT/GUARDIAN NAME: _____ RELATIONSHIP: _____

ADDRESS/CITY/ZIP: _____

HOME PHONE: _____ WORK PHONE: _____

CELL PHONE/PAGER/MESSAGE PHONE: _____ BEST TIME/PHONE TO CALL: _____

EMAIL ADDRESS: _____

COMMENTS/REMARKS: _____

LANGUAGE/TRANSLATOR NEEDS:

Does anyone need an interpreter? NO YES If YES, who and in what language? _____

REFERRING AGENCY INFORMATION:

CONTACT PERSON: _____ PHONE: _____

CONTACT EMAIL: _____

AGENCY: _____ PHONE: _____

ADDRESS/CITY/ZIP: _____ FAX: _____

COMBATANTS/COMMENTS/REMARKS: _____

TO BE COMPLETED BY PROJECT SAVE AND RETURNED TO THE REFERRING AGENCY

- Student and parent DID complete the program. Completion Date: _____
- Student and parent DID NOT complete the program.
- Other: _____

Signed: _____ Date: _____

(Facilitator)