



SERVICES REFERRAL FORM

Effective August 1, 2024

Date Referred: _____

Locality: Caroline Spotsylvania King George Stafford Fredericksburg Other: _____

Referred By: CSU/J&DR School Social Services Parent/Guardian Other Agency: _____

Responsible Party (for payment of services): CSU DSS School Parent/Guardian

Responsible Party Name: _____ Responsible Party Signature: _____

Responsible Party's signature is required to certify that you are authorized to make the decision regarding who is financially responsible for the payment of these services. This information must be provided at the time of referral.

Group Programs:

- Anger Management
- Restorative Justice Class
- Victim Offender Dialogue
- Community Service Work
- Community Service Learning

Substance Use Services:

- Substance Use Screening (includes SASSI assessment & Urine Drug Screen)
Date of last Screen & Results: _____
- Comprehensive Substance Use Evaluation
- Substance Use Disorder Treatment
- Substance Misuse and Recovery Support
- Substance Use Avoidance Abuse Group Education
- Vaping Intervention Group

Diversion Programs:

- Restorative Justice Larceny- Diversion (RJL-D)
- VOISE Diversion (VOISE-D)

**** Please attach copies of the court order, or disciplinary referral, diversion contract, and YASI form to all referrals, if available. ****

Juvenile Name: _____ DOB: _____ JTS#: _____

Gender: _____ Race: African American Asian Caucasian Hispanic Other: _____

Full Address: _____

Home Phone: _____ Cell Phone: _____ School: _____

Parent/Guardian: _____

P/G Address: _____

P/G Home Phone: _____ Cell Phone: _____

VC Code / Charge: _____ Court Case #: _____

Date Ordered: _____ Deadline Date: _____

Probation Officer: _____ Contact Number: _____

Comments: