



## FORWARD FOCUS REFERRAL FORM

Youth referred by \_\_\_\_\_

Date of Referral \_\_\_\_\_ (Probation Officer) \_\_\_\_\_

Probation Office \_\_\_\_\_

Phone # \_\_\_\_\_

Probation Officer's E-mail Address  
\_\_\_\_\_

Offense/Charge(s) \_\_\_\_\_ Court

Ordered: Yes \_\_\_\_\_ No \_\_\_\_\_

Extended Service/Informal Adjustment \_\_\_\_\_ Consent Decree \_\_\_\_\_ Adjudicated Youth  
\_\_\_\_\_

Judge \_\_\_\_\_

Next Court Hearing (if applicable) \_\_\_\_\_

CYF Involvement: Yes \_\_\_\_\_ No \_\_\_\_\_

### YOUTH INFORMATION

Name \_\_\_\_\_

History # \_\_\_\_\_

Address \_\_\_\_\_

Social Security # \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

School \_\_\_\_\_ Phone # ( ) \_\_\_\_\_

Grade \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_ Age \_\_\_\_\_

Birth Date \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

**Parent/Guardian Name** \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone # \_\_\_\_\_

E-Mail Address \_\_\_\_\_

**Parent/Guardian Name** \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone # \_\_\_\_\_

E-Mail Address \_\_\_\_\_

**Please identify an alternate person and phone number which can be used if the Forward Focus Staff are unable to contact a parent/guardian for the intake interview and/or an emergency.**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_

**Anticipated timeframe to complete probation requirements:**

3 Months \_\_\_\_\_ 6 Months \_\_\_\_\_ 9 Months \_\_\_\_\_ 12 Months \_\_\_\_\_

**Community Service Hours\*** \_\_\_\_\_ **Restitution Amount** \_\_\_\_\_

\*Each youth must complete a minimum of 25 Community Service hours prior to earning wages.

Please email completed form to:

Theresa Baker, Intake Coordinator Raze Youth Programs [pbeaker1@gmail.com](mailto:pbeaker1@gmail.com)

Greater Hope Restoration Ministries 1700 Bower Hill Road, Pittsburgh, Pa. 15243 Phone:  
(844) 995-2111

