

**GA Family Services
Accountability and Responsibility Program – Referral Information**

Youth Name: _____ Date of Birth: ____/____/____ Male: _____ Female: _____ Race _____ Hispanic? Y/N

Ethnicity: _____ Address: _____ Phone: _____ Email: _____

Mother/Guardian: _____ Employer: _____ Hours: _____ Work Phone: _____

Father/Guardian: _____ Employer: _____ Hours: _____ Work Phone: _____

Additional Emergency Contact Persons:

Name	Relationship	Number

Referral Source (name and agency): _____ Phone: _____ Email: _____

Family Doctor: _____ Medical Conditions: _____ Medications: _____

Allergies: _____

Additional Service providers working family: _____

****I would like my child to be picked up at _____ and dropped off at _____
(School Name or Home Address) (Address)

PERMISSIONS:

My child has permission to participate in field trips offered during programming Yes _____ No _____

My child has permission to be included in newspaper articles, social media, website, and pictures relating to news releases of activities with the afterschool Accountability and Responsibility Program. Yes _____ No _____

My child has permission to be transported in a GAFS and a GA employee vehicle related to all program activities Yes _____ No _____

TO THE PARENT/GUARDIAN: This card will be filed for use in case emergency medical treatment should be necessary for your son/daughter. We will attempt to notify you immediately should such an emergency occur with the aid of the information on this card.

PARENT/GUARDIAN AUTHORIZATION:

I hereby authorize the program manager/supervisor, staff and or designees of the GA Family Services Afterschool Accountability and Responsibility Program to take such emergency measures as may be necessary, which might include calling a doctor, nurse, ambulance, etc. should emergency medical aid be required for my son/daughter.

Signature of Parent/Guardian

Date

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Please send all completed referrals to Ericka Garcia-Allison at egarcia@lutheran-jamestown.org for approval.

Signed

Date

GA Staff Use Only:

<p>Referral Date: _____</p> <p>Intake date: _____</p> <p>Start Date: _____</p> <p>Race: _____</p> <p>Ethnicity: _____</p> <p>Gender Identity: _____</p> <p>Orientation: _____</p> <p>Referral Source: _____</p> <p><input type="checkbox"/> SEL group primary</p> <p>End Date: _____</p>	<p>STSJP</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p>STSJP-RTA</p> <p><input type="checkbox"/> Prevention (P)</p> <p><input type="checkbox"/> Early Intervention (EI)</p> <p><input type="checkbox"/> Alternative to Detention/Pre-Dispositional Placement (ATD/ATPDP)</p> <p><input type="checkbox"/> Alternative to Placement (ATP)</p> <p><input type="checkbox"/> Reentry/Aftercare (R/A)</p> <p><input type="checkbox"/> Youth was involved with multiple detention admissions or arrests in a 12-month period</p> <p><input type="checkbox"/> Youth has engaged in violent behaviors</p> <p><input type="checkbox"/> Youth has been involved in vehicle-related crimes</p> <p><input type="checkbox"/> Youth has left home without permission, including trafficked youth and youth at risk of gang recruitment</p>
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