



**Referral Information**

Full Name: \_\_\_\_\_  
*Last* *First* *M.I.*

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_  
*City* *State* *ZIP Code*

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Race/Ethnicity (check all that apply)

- Caucasian      African American/Black      Hispanic/Latino  
Asian      Pacific Islander      Native American  
Multiracial (please specify): \_\_\_\_\_

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

**Parent Information**

Parent's Name: \_\_\_\_\_

Parent's Address: \_\_\_\_\_

Parent's Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Other Information**

School Attended: \_\_\_\_\_ Probation Status: On probation  
Not on probation  
Completed probation

Grade Level: \_\_\_\_\_ Gang involvement: Admitted/known gang member  
Associates with gang members  
At-risk for gang involvement

Reason for referral: \_\_\_\_\_

\_\_\_\_\_

**Referred By**

Name: \_\_\_\_\_ Agency: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Date referred: \_\_\_\_\_

Date Received: \_\_\_\_\_ Assigned to: \_\_\_\_\_

Fax to 919.560.0530 or email to [myoung@dconc.gov](mailto:myoung@dconc.gov)