

Parent and Guardian Empowerment (P.A.G.E.) REFERRAL FORM

Send to: Email: kjustice@lexingtonky.gov or Fax: 859.226.9962 P.A.G.E. SERVICES REQUESTED **Community Case Management Parenting Classes** After Care Services (up to age 21) **Court Case Management Empowerment Workshop Substance Use Assessment/Counseling** Harm Reduction and Youth Program REFERRING PARTY INFORMATION Date of Referral: Name of Person Making Referral: IDENTIFYING INFORMATION OF PERSON BEING REFERRED Name: SS# - - DOB: / / Age: _____ Gender: ____ Preferred Language: School: _____ Grade: ____ Ethnicity: ____ Name of Parent/Guardian: Relation: Address: _____ Phone (P): (____) __-_ Email (P): Is he/she connected to other LFUCG services? YES or NO If yes; please identify: LEGAL INFORMATION Dispositional/Pretrial Date/Time: Judge: _____Attorney: _____ Court Ordered Terms: Yes: _____ No: ____ Charge(s): ____ Prior Court Contact: Yes: _____ No: ____ Prev. Worker: ____ Prior DCBS involvement: Yes: No: DCBS Worker: Signature of Person Completing Referral: ______ Date: _______



OFFICE USE ONLY

Assigned to: Assigned worker's signature:			Date Assigned:	
			Date of Needs Assessment:	
No Show	Incomplete	Declined	Wait Listed	-
Supervisor Signature:			Date:	

Waitlist Priority of Acceptance

Youth who are a danger to self or others.

Youth placed on home detention/ankle monitor.

Youth recently released from detention.

Youth and families that require referrals to community partners.

Youth and families who have no history of receiving services with DCBS prior to PAGE referral with no current involvement with DCBS.

Youth and families that require other program services within PAGE.