



## YOUNG ADULT PROGRAM REFERRAL FORM

Date \_\_\_\_\_  
Name \_\_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
School (if applicable) \_\_\_\_\_  
Email address \_\_\_\_\_  
Phone (home) \_\_\_\_\_ Phone (cell) \_\_\_\_\_  
Parent or Guardian (Name) \_\_\_\_\_ Phone \_\_\_\_\_

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

Not Justice Involved     Justice Involved     CDW Referral

## JUSTICE INVOLVEMENT

### Current Status

- On Probation/ Diversion
- From LMYDS
- From other Facility:

\_\_\_\_\_

- In School at Risk  
(not currently in Justice System)

Other:

\_\_\_\_\_

### Offense Status

- No Offense
- First Time Offender
- Repeat Offender

### Offense Type

- Sex Offense
- Violent Offense
- Status Offense

### Recommendations

- GED
- Certification (JCTC)

\_\_\_\_\_

- Job Placement
- Job Training

## PERSON MAKING REFERRAL

Name \_\_\_\_\_ Referring Agency \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Please email referral to [youngadultprograms@goodwillky.org](mailto:youngadultprograms@goodwillky.org).