

REFERRAL
JUVENILE FAMILY CRISIS INTERVENTION UNIT

On _____, this agency became aware of and/or resolved a juvenile family crisis situation in the community. We have advised the parent or guardian to contact the Juvenile Family Crisis Intervention Unit for family counseling to avoid future crisis.

The juvenile is between the ages of 10 and 17 and the juvenile and his/her family is not involved with the Division of Child Protection and Permanency (DCP&P), formerly DYFS

Juvenile's Name: _____

Address: _____

Age: _____ D.O.B. _____ Parent/Guardian: _____

Race: _____ Sex: _____ Telephone: _____

School: _____ Grade: _____

Check off any of the following problems which are being experienced by the family:

- 1. Serious conflicts between parent/guardian/and teen.
- 2. Repeated disregard of parental authority by teen.
- 3. Parent/guardian has threatened to put teen out of the house.
- 4. The teen has a history of running away.
- 5. Repeated pattern of unexcused absence from school. # of days missed _____
- 6. SEXTING Station house adjustment or Court Referral

Brief description of the situation: _____

The family was notified of this referral: Yes: _____ No: _____

Referred by: _____ Agency: _____

Address: _____

Email: _____

Telephone Number: _____ Date Referral Sent: _____

SEND TO: Atlantic County Juvenile Family Crisis Intervention Unit
Shoreview Building, 101 S. Shore Road, Northfield, NJ 08225
Phone (609) 645-5861 **Fax (609)-594-3752**
Email: Family_Crisis@aclink.org