

## Truancy Referral

### Referral to Juvenile Family Crisis Intervention Unit

On \_\_\_\_\_, this school became aware of repeated pattern of absents and/or lateness. We have advised the parent or guardian to contact the Juvenile Family Crisis Intervention Unit for family counseling.

The juvenile is between the ages of 10 and 16 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: \_\_\_\_\_

\_\_\_\_\_ email \_\_\_\_\_

Age: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_

Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Telephone: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

CST Evaluation: No \_\_\_\_\_ Yes \_\_\_\_\_ (classification) \_\_\_\_\_

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 \_\_\_\_\_  
# of lateness \_\_\_\_\_
- \_\_\_ 6. Sexting or Disorderly Persons offense or PDP offense etc... for diversion

Brief description of the situation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The family was notified of this referral Yes: \_\_\_\_\_ No: \_\_\_\_\_

Worker's Name: \_\_\_\_\_

Agency/School: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email \_\_\_\_\_

Fax #: \_\_\_\_\_ 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](mailto:Family_Crisis@aclink.org)