

# SEATTLE YOUTH VIOLENCE PREVENTION INITIATIVE

Mailing: P.O. BOX 94649, Seattle, WA 98124-4649

Central Network fax: 206-323-9148 / Southeast Network fax: 206-725-2662 / Southwest Network fax: 206-935-9967

**DO NOT E-MAIL – CONFIDENTIAL FORM**

<b>TODAY'S DATE:</b> _____	<b>SYVPI #:</b> _____
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## YOUTH INFORMATION

**YOUTH MUST BE AGE 12 TO 17 AND RESIDE OR ATTEND SCHOOL IN:**  Central Seattle  Southeast Seattle  Southwest Seattle

Last Name:	First Name:	Middle Initial:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Other:
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Street Address:	City:	Zip Code:	Date of Birth:	Age:
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Home Phone:	Cell Phone:	E-Mail:
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**Who does the youth live with?**  Both Parents  Mother  Father  Grandparent(s)  Other Relatives  Foster Parents  Friend(s)  
 Boy/Girlfriend  Couch Surfing  Group Home  Shelter  Streets

**Does youth have siblings between the ages of 12-17?**  Yes  No  Not sure

School Name:	Grade:	Student SPS ID#:	<b>Is the youth currently enrolled?</b> <input type="checkbox"/> Enrolled <input type="checkbox"/> Expelled <input type="checkbox"/> Suspended <input type="checkbox"/> Missed ____ days this semester <input type="checkbox"/> Graduated <input type="checkbox"/> Officially Un-enrolled <input type="checkbox"/> GED Program
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**Youth is currently receiving other services, please list agency name and specify type of service (e.g., case management, mentoring, etc.):**

**Is the youth involved in any activities?**  Sports  Leadership  Job  Arts  Music  Cultural  Faith Based  
 Recreation  Volunteer/Service Learning  Parenting  Sibling Care  Other Activity:

**How does the youth identify Race/Ethnicity: (select all that apply and specify if necessary)**

- Black or African-American  American Indian or Alaskan Native  Asian  Don't know  
 Hispanic/Latino/a  Native Hawaiian or Pacific Islander  White  Refused

**How does the youth identify ethnicity #1?**

**How does the youth identify ethnicity #2?**

**Does youth know you are making this referral?**  Yes  No **Is youth willing to participate?**  Yes  No  Not sure

### Presenting Issues Part I (please check all that may apply)

- Has been convicted multiple times and released from supervision OR is under minimal supervision and is at risk to re-offend  
 Has been arrested for crime(s) that do not meet the juvenile detention intake criteria and was released  
 Has been suspended or expelled from school for violence and/or has a history of truancy issues (absent 9 or more days per semester)  
 Is gang-involved

### Presenting Issues Part II (please check all that may apply)

<p><b>School</b></p> <p><input type="checkbox"/> Low academic achievement/failing core subject</p> <p><input type="checkbox"/> Truant</p> <p><input type="checkbox"/> Suspension/expulsion</p> <p><b>Relationships</b></p> <p><input type="checkbox"/> Association with negative peer group</p> <p><input type="checkbox"/> Association/involvement with gangs, specify: _____</p> <p><input type="checkbox"/> Dating or domestic violence</p> <p><b>Alcohol and Drugs</b></p> <p><input type="checkbox"/> Drug use <input type="checkbox"/> Alcohol use</p> <p><b>Family</b></p> <p><input type="checkbox"/> Possible drug/alcohol abuse in the home</p> <p><input type="checkbox"/> Incarcerated parent(s) or other close relative(s)</p> <p><input type="checkbox"/> Foster care</p> <p><input type="checkbox"/> Stable Housing <input type="checkbox"/> Unstable housing or homeless</p> <p><input type="checkbox"/> Other, specify: _____</p> <p><b>Attitudes</b></p> <p><input type="checkbox"/> Believes physical aggression is appropriate</p>	<p><b>Mental Health</b></p> <p><input type="checkbox"/> Appears depressed</p> <p><input type="checkbox"/> Seems anxious or worried about his/her future</p> <p><input type="checkbox"/> Seems to have difficulty coping with challenges</p> <p><input type="checkbox"/> Difficulty controlling impulses and/or easily distracted</p> <p><input type="checkbox"/> Other challenges, specify _____</p> <p><input type="checkbox"/> Lack of support network</p> <p><b>Aggression</b></p> <p><input type="checkbox"/> History of aggressive, violent behavior</p> <p><input type="checkbox"/> History of carrying a weapon</p> <p><b>Criminal History</b></p> <p><input type="checkbox"/> History of current criminal activity/involvement</p> <p><input type="checkbox"/> On probation or court involved/JUVIS # _____</p> <p>Probation Officer: _____</p> <p><b>Employment</b></p> <p><input type="checkbox"/> Not Employed <input type="checkbox"/> Employed If employed, where: _____</p> <p><input type="checkbox"/> <b>Other</b>, specify: _____</p>
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<b>Brief statement of concern/current circumstance about _____:</b> <div style="text-align: right; margin-top: 10px;">(Youth Name)</div>
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## PARENT/GUARDIAN INFORMATION

Last Name:	First Name:	Relationship to youth:
Contact phone:	Alternative phone:	E-mail:
Does parent know you are making a referral? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not notify parent		
Does Parent need an interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what language? _____		

## REFERRAL SOURCE INFORMATION

Last Name:	First Name:	Phone:	Email:
<b>How did you hear about the Seattle Youth Violence Prevention Initiative:</b>			
<b>Referral Source:</b> <input type="checkbox"/> Self <input type="checkbox"/> School: <input type="checkbox"/> Parent/Guardian: <input type="checkbox"/> Social Services Agency: <input type="checkbox"/> Street Outreach <input type="checkbox"/> School Emphasis Officer <input type="checkbox"/> Police Unit/Precinct: <input type="checkbox"/> King County Juvenile Court <input type="checkbox"/> JRA <input type="checkbox"/> Seattle Parks and Recreation Youth Center/Teen Life Center: <input type="checkbox"/> Other:			
<b>INITIATIVE Service(s) youth may need:</b> <input type="checkbox"/> Case Management <input type="checkbox"/> Street Outreach <input type="checkbox"/> Recreation <input type="checkbox"/> Mentoring <input type="checkbox"/> Employment/Job Readiness (internships & projects) <input type="checkbox"/> Community Matching Grant (Group projects and group mentoring) <input type="checkbox"/> Aggression Replacement Training <input type="checkbox"/> Service Learning Opportunities		<b>Other NON INITIATIVE Services youth may need:</b> <input type="checkbox"/> Mental Health Services <input type="checkbox"/> Drug & Alcohol Treatment <input type="checkbox"/> Housing support services <input type="checkbox"/> School Re-entry <input type="checkbox"/> Group Mentoring <input type="checkbox"/> Tutoring <input type="checkbox"/> Other: _____	

**\*\*\*The Initiative exchanges information with agency partners to ensure referral to appropriate services\*\*\***

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**\*\*For Intake Specialist Use Only\*\***

### Notes

<div style="border: 1px solid black; min-height: 80px;"></div>
<b>Referral Source Contacted?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No                      Date of Contact: