



# Santa Rosa Violence Prevention Partnership (The Partnership) Service Referral Form

## Referral Information

See Page 2 for Instructions

Referring Agency: _____ Date of Referral: _____	
Contact Person: _____	
Telephone Number: _____	EMAIL: _____
Name of Participant: _____	
Parent or Guardian: _____	Notified? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address: _____	
Telephone: _____	EMAIL: _____
Person being referred expressed interest in receiving services: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Parent or Guardian expressed interest in receiving services for <i>youth</i> : <input type="checkbox"/> Yes <input type="checkbox"/> No	
Parent or Guardian expressed interest in receiving services for <i>self</i> : <input type="checkbox"/> Yes <input type="checkbox"/> No	
Age: _____ Gender: <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> NB	
English Speaker: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Date of Birth:</b> _____	
Language Spoken at Home: _____	
School Youth Attends: _____	

## Reason for Referral

<input type="checkbox"/> Gang-impacted	<input type="checkbox"/> Low Income	<input type="checkbox"/> Substance Abuse	<input type="checkbox"/> Behavioral Issues
<input type="checkbox"/> Truancy	<input type="checkbox"/> Offender	<input type="checkbox"/> Low Academic Achievement	<input type="checkbox"/> Other _____
(Provide a brief summary of the services needed)			

## Outcome of Referral

Agency Name \_\_\_\_\_ Date \_\_\_\_\_

**Note to Agencies:** Please complete and return form to The Partnership within 2 weeks of receipt.

Enrollment: <input type="checkbox"/> Yes <input type="checkbox"/> No (To be completed by agency(ies) that accepted the referral for service. Please describe below the services provided, outcome or other subsequent referrals to other agencies within or outside The Partnership.)
--

## Distribution

<b>Referring Agency:</b> Email completed referral to The Partnership for distribution via: <b>e-mail:</b> <a href="mailto:santarosapartnership@srcity.org">santarosapartnership@srcity.org</a>
---

# Santa Rosa Violence Prevention Partnership (The Partnership) Service Referral Form

## INSTRUCTIONS

The primary purpose of this referral form is to provide a streamlined process for youth and gang violence prevention and intervention referrals to The Santa Rosa Violence Prevention Partnership (The Partnership) service providers. While the agencies represented on The Partnership's Operational Team are limited in number, they do have the capacity to identify the most appropriate service agency(ies) within or outside The Partnership.

This referral process is not intended to be used for emergency services; instead it is intended for situations where an agency or individual is aware that a person or family is in need of referral services related to youth and gang violence prevention or intervention.

### Section I – Referral Information

This section has two parts and is to be completed by the person making the referral. It includes information on the person making the referral and the person being referred. Please make sure to include a telephone number and e-mail address where you can be reached in the event additional information or clarification is needed.

Provide as much information about the person being referred. If the referral is for a family, provide the name of the primary contact and explain in the **Reason for Referral** section. Provide the best telephone number to contact the person during regular business hours. If the person being referred is a minor, please indicate the name of the parent or guardian and if the parent or guardian has been notified. It is also helpful to know if the person being referred has expressed an interest in receiving services. As appropriate, please indicate if the parent or guardian has also expressed interest in receiving services for youth or for him/herself. Indicate if the person speaks a language other than English so that an interpreter can be provided.

### Section II – Reason for Referral

In this section select the option(s) that best describes the reason you are referring this individual. Please also provide a brief summary of the services needed or the circumstances that lead you to believe the person or family is in need of youth and gang violence prevention or intervention services. For example: A family is dealing with a habitual run away teenage daughter who is associating with known gang members, or a single mother of a teenage boy finds gang graffiti in his bedroom and the teen has been exhibiting signs of alcohol abuse, or a teen or young adult currently involved in gang activity is looking for help in getting out and may be looking for employment training and placement. The key is that the person may be exhibiting behaviors that could lead to gang involvement or violence, or is already involved in high-risk gang or violent activity.

### Section III – Outcome of Referral

This section is intended for use by the agency that ultimately accepts the referral for services. Please be sure to fill in your agency name. This is especially important for updates that are faxed back to us. In order to evaluate the success of the referral process, the agency should indicate that they did accept the referral for services, or that adequate services within The Partnership's Operational Team were not available. If services were not available but a referral was made to an outside service agency, indicate the name of the agency and a contact number where they can be reached for follow up by The Partnership's Operational Team representative. Every effort should be made to ensure that the new service agency contacts the person or family needing services.

### Section IV – Distribution

If you are making a referral to The Partnership, fax or e-mail the form with the **Shaded** sections completed as indicated. The Partnership will evaluate the referral, identify services needed, and forward the request for services to The Partnership's Operational Team or outside agencies. If you are interested in knowing which agency accepted the referral, you can contact The Partnership's Wraparound Coordinator at (707) 543-4681 or email [santarosapartnership@srcity.org](mailto:santarosapartnership@srcity.org).