



**CHAMPIONS—ADOLESCENT PROGRAMS REFERRAL FORM**

Please complete this form for all referrals for Champions Treatment Programs. A referral does not guarantee suitability for programming, as suitability is based on eligibility assessment and determination by the Champions staff.

Minors Name:	Date of Birth:
Parents Name:	
Address:	
Telephone No.:	
<input type="checkbox"/> In Custody <input type="checkbox"/> Out of Custody	Release Date:
<input type="checkbox"/> CPS Involved <input type="checkbox"/> Probation	CPS Worker Name: Probation Officer Name:
<b>Services Requested</b>	
<input type="checkbox"/> Anger Management Program for Adolescent (AMA) <input type="checkbox"/> Batterer's Intervention Program for Adolescents (BIPA) <input type="checkbox"/> Gang Resistance And Change Empowered (GRACE) <input type="checkbox"/> Multidimensional Family Therapy (MDFT) <input type="checkbox"/> Noble Youth/ Joven Noble <input type="checkbox"/> Nurturing Parenting for Adolescent Mothers (NPA) <input type="checkbox"/> Strengthening Father's Initiative for Adolescent Fathers (SFIA) <input type="checkbox"/> Substance Use Treatment Program for Adolescents <input type="checkbox"/> Youthful Parenting Program (CYPP)	

**Attached Documents:**

- Terms & Conditions**
- Release of Information (ROI)**
- Mental Health Documentation (Medications, Diagnoses, Evaluations)**
- Other:**

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