

**YOUTH FOCUS, INC.
FAMILY PRESERVATION SERVICES
REFERRAL DATA**

Date: _____ Referring Officer: _____
Phone/fax/E-mail: _____

CLIENT INFORMATION:

Name: _____

Address: _____

Phone Number: _____ Social Security Number: _____

School: _____ Grade: _____

DOB: _____ Race: _____ Sex: _____

(Child must be at risk of out-of-home placement due to delinquent or chronically undisciplined behavior.)

COMPLAINT:

Diversion: _____

Offense/Charges: _____

ISSUES TO BE ADDRESSED BY FAMILY PRESERVATION SERVICES: _____

PREVIOUS COUNSELING SERVICES/OTHER AGENCIES INVOLVED: _____

FAMILY/LEGAL GUARDIAN INFORMATION:

Name(s): _____

Employer: _____ Work Phone: _____

Safety Concerns (animals, weapons etc.) _____

Directions to Home: _____

*** Fax to 336-333-6815 Attention: FPS, Valerie Jones**