**360 Transitional Solutions  
Client Referral Form**

**Referral Date:\_\_\_\_\_\_\_\_\_\_\_  
  
Client Information**

Name:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Address: \_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
                \_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Birthday: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_\_  
SS#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Parent/Legal Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Fill out the following identifying client information for GPS/Electronic Monitoring and/or  
Surveillance cases:**  
Height: \_\_\_\_\_\_\_\_\_\_Weight: \_\_\_\_\_\_\_\_\_\_Eye Color: \_\_\_\_\_\_\_\_\_\_Hair Color:\_\_\_\_\_\_\_\_\_\_  
Gender:\_\_\_\_\_\_\_\_\_\_Race:\_\_\_\_\_\_\_\_\_  
Marks/Scars/Tattoos (description and location):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
                                                                   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Client charges:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
                     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
**Case Worker/Parole/Probation Officer Information**  
Name: \_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
District: \_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Address:\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
            \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Email: \_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
   
  
**1.  GPS/Electronic Monitoring:  Service Needs**  
  
Start Date:\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ End Date: \_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Hours per Month: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
GPS Tracking Expectations:  
    24/7 at Home (no other location approved  
    Other Zones Approved (complete attached schedule of inclusion and exclusion names and times)  
Client Vehicle Information:  Make and Model: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
                                        Year:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Color:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Description of Face to Face Weekly contacts that are being requested.  Include frequency and expectations for client's behaviors, as well as specific issues to be aware of and/or to be addressed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
  
**2.  Surveillance:  Funding Information/Service Needs**  
  
Funding Source: \_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Start Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ End Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Hours per Month: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Number of Face to Face Contacts per week:\_\_\_\_\_\_\_\_\_\_  
Number of Phone Contacts per week:\_\_\_\_\_\_\_\_\_\_  
  
  
**3. Life Skills Coach:  Funding Information/Service Needs**  
    \*\***Below is confirmed and approved\*\***  
  
Funding Source: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Start Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ End Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Hours per Month: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(There is a minimum of 20 hours )  
  
**Life Skills Coach Specifications**:  
  Male           Female  
Please add any special requests here:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
  
Please forward the following attachments when submitting this referral form:  
**\_\_\_\_ Client Pre-Admission Assessment with Referral Form**  
**\_\_\_\_ Client Social History**  
**\_\_\_\_ Psychological/Psychiatric Evaluation**  
**\_\_\_\_ Authorization for funding (DSS Letter or DJJ Purchase Order)**  
**\_\_\_\_Yasi\*** ***(Required)***  
\_\_\_\_**Arrest Report  
\_\_\_\_Parole/Probation Rules  
\_\_\_\_Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  
   
Notes: 

\*\*Please fill out the following table if the client is being referred for GPS/Electronic Monitroing.\*\*

|  |  |  |  |
| --- | --- | --- | --- |
| **Inclusion/Exclustion Zone Listing**  Each address that you are requesting a TRACKING ZONE to be established needs to be listed.  All regularly visited locations should be listed. | | | |
| **Zone** | **Address** | **Inclusion/Exclusion** | **Radius** |
| **Zone 1**  Work School Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Inclusion  Exclusion | Minimum 150 Feet Avg. 1000 Feet Other:\_\_\_\_\_\_\_\_\_\_ |
| **Zone 2**  Work School Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Inclusion  Exclusion | Minimum 150 Feet Avg. 1000 Feet Other:\_\_\_\_\_\_\_\_\_\_ |
| **Zone 3**  Work School Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Inclusion  Exclusion | Minimum 150 Feet Avg. 1000 Feet Other:\_\_\_\_\_\_\_\_\_\_ |
| **Zone 4**  Work School Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Inclusion  Exclusion | Minimum 150 Feet Avg. 1000 Feet Other:\_\_\_\_\_\_\_\_\_\_ |
| **Zone 5**  Work School Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Inclusion  Exclusion | Minimum 150 Feet Avg. 1000 Feet Other:\_\_\_\_\_\_\_\_\_\_ |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Weekly Schedule**  Document times the client is supposed to be in the according zones while being monitored.  If 24/7 home confinement is indicated, then that should be noted on the "HOME" row.  Any violations from "HOME" will be reported to PO. | | | | | | | |
|  | **MONDAY** | **TUESDAY** | **WEDNESDAY** | **THURSDAY** | **FRIDAY** | **SATURDAY** | **SUNDAY** |
| **HOME** |  |  |  |  |  |  |  |
| **ZONE 1** |  |  |  |  |  |  |  |
| **ZONE 2** |  |  |  |  |  |  |  |
| **ZONE 3** |  |  |  |  |  |  |  |
| **ZONE 4** |  |  |  |  |  |  |  |
| **ZONE 5** |  |  |  |  |  |  |  |