**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**WorkSchoolOther:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |                                                     | InclusionExclusion | Minimum 150 FeetAvg. 1000 FeetOther:\_\_\_\_\_\_\_\_\_\_ |
| **Zone 2**WorkSchoolOther:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |   | InclusionExclusion | Minimum 150 FeetAvg. 1000 FeetOther:\_\_\_\_\_\_\_\_\_\_ |
| **Zone 3**WorkSchoolOther:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |   | InclusionExclusion | Minimum 150 FeetAvg. 1000 FeetOther:\_\_\_\_\_\_\_\_\_\_ |
| **Zone 4**WorkSchoolOther:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |   | InclusionExclusion | Minimum 150 FeetAvg. 1000 FeetOther:\_\_\_\_\_\_\_\_\_\_ |
| **Zone 5**WorkSchoolOther:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |   | InclusionExclusion | Minimum 150 FeetAvg. 1000 FeetOther:\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| **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**  |   |   |   |   |   |   |   |