



Referral for Diversion Program

Referring Info	
Person Making Referral: _____	Referral Date _____
Incident/Case # _____	Requested Follow-Up Date _____
Phone: _____	
Email: _____	
Referral Source (Check one)	
<input type="checkbox"/> Durango Municipal Court	<input type="checkbox"/> Bayfield Marshall's Office
<input type="checkbox"/> Ignacio Municipal Court	<input type="checkbox"/> 6 th Judicial District Court
<input type="checkbox"/> Durango Police Dept.	<input type="checkbox"/> La Plata Co. Dept. Human Services
<input type="checkbox"/> La Plata Co. Sherriff's Office	<input type="checkbox"/> School: _____
<input type="checkbox"/> Self/Parent <input type="checkbox"/> Other: _____	
Has the Diversion Program been explained to Youth/Parent? <input type="radio"/> Yes <input type="radio"/> No	

NOTE: Referring party MUST discuss program with youth and guardian BEFORE program staff will reach out to schedule intake. Referring party may be asked to assist with contacting youth/guardian and getting paperwork completed

Youth Info
Name: _____ Age _____ Date of Birth _____
Gender: Male Female Transgender Gender Non-Binary Prefer Not to Say Self-Describe _____
Address _____
City _____ Zip _____
Home Phone _____ Cell Phone _____
Email _____
School _____ Grade _____
Race _____ Ethnicity _____
Employer _____
Voicemail ok? <input type="radio"/> Yes <input type="radio"/> No Text ok? <input type="radio"/> Yes <input type="radio"/> No Email Ok? <input type="radio"/> Yes <input type="radio"/> No

Parents/Guardians Info
Name(s) _____
<input type="checkbox"/> Biological <input type="checkbox"/> Step <input type="checkbox"/> Guardian <input type="checkbox"/> Adoptive
Address _____
City _____ Zip _____
Home Phone _____ Cell Phone _____
Email _____
Occupation _____ Employer _____
Voicemail ok? <input type="radio"/> Yes <input type="radio"/> No Text ok? <input type="radio"/> Yes <input type="radio"/> No Email Ok? <input type="radio"/> Yes <input type="radio"/> No

MORE ON THE BACK ----->

Incident Info

Incident Summary: _____

School Incident? Yes No **Victim Involved Incident?** Yes No **Financial Penalty/Restitution?** Yes No

Reason for Referral: _____

Youth Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

Referring Party Signature: _____

Date: _____

La Plata Youth Services individualizes our support to assess, advocate and provide programs based on the strengths and needs of each unique youth. Our process provides opportunities for youth to become valuable and contributing members of their family and the community. We are staffed by caring, non-judgmental, well-trained listeners that can offer help in a variety of ways. If you are in need of information, guidance, or more regarding youth and family services, please do not hesitate to contact us. We look forward to working with you and your family.

<i>For office use only: Salesforce Client ID:</i> _____ <i>OMNI ID:</i> _____
