



### Referral Form

Capital City Youth Services provides individual, group, and family services for youth (age 16 or younger), and shelter for youth (ages 10 to 17) who are **experiencing problems in 3 of the 4 areas listed below**. Please complete all portions of the form, then fax or mail it to CCYS (contact information below). Please call if you have any questions about eligibility.

**Youth is experiencing SCHOOL PROBLEMS:**  
(i.e., attendance issues, behavior problems, poor academic performance, below grade level performance, etc.)

**Youth is experiencing FAMILY PROBLEMS:**  
(i.e., parents cannot control or unaware of child's whereabouts; history /evidence of abuse, neglect, parent or caregiver abusing drugs or alcohol, parental chronic illness, family member with criminal history, family poverty, family instability, family history of mental illness, etc.)

**Youth is experiencing SUBSTANCE ABUSE / MENTAL HEALTH PROBLEMS:**  
(i.e., substance use at least 3 times in last 30 days; charged with drug-related offense, attempted suicide, prescribed medication for mental health etc.)

**Youth is experiencing BEHAVIOR PROBLEMS:**  
(i.e., stealing, running away, gun possession, arrested for violence, physically aggressive toward family or others, associates with youth involved in serious behavior [delinquent youth, gangs, peers who use drugs alcohol, antisocial behaviors], etc.)

Today's Date: \_\_\_/\_\_\_/\_\_\_ Youth's Name: \_\_\_\_\_

DOB: \_\_\_/\_\_\_/\_\_\_  Male  Female School: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_ County: \_\_\_\_\_

Legal Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Youth is being referred for:  Truancy  Ungovernability  Running Away  
 Family Conflict  Peer problems  School Problems  
 Lockout/ Homelessness  Other: \_\_\_\_\_

Referring Agency: \_\_\_\_\_

Person making the referral: \_\_\_\_\_ Phone: \_\_\_\_\_

Is the youth or family aware that they are being referred for services?  Yes  No

**Additional Comments:**

Mail/Fax to: Capital City Youth Services, 2407 Roberts Ave., Tallahassee, FL 32310  
Fax (850)576-2580, Phone (850)576-6000 ext 1