

## Community Justice Project Referral Information

1. Date of Referral
2. Person making referral and contact information (e.g., phone, email, organization)
3. Name of parents or guardians living with children being referred
3. Have the parents or guardians agreed to have the child/ren referred to CJP?
4. Who in the family has been incarcerated? (name and relationship to referred child/ren)
5. Child/ren being referred

First & last name	Date of birth	Physical health needs	Mental/behavioral health needs

6. Other people living in the home and their relationship to child/ren
7. Are the children eligible for Medicaid?
8. Family Contact information:
  - a. Mailing Address
  - b. Phone Number
  - c. Physical Address
9. Which local agencies are currently involved with this family?

PLEASE RETURN COMPLETED FORM TO RHONDA BARR, CJP MANAGER, PO BOX 148 HYDE PARK VT, 05655

OR FAX 802-888-5400

**For CJP Agency Use only**

**Date referral received**

**Additional information from referral source**

**Dates and results of initial phone calls to family**

**Date of Intake visit**

**Matched with Case Manager (names and date)**

**Report back to referral source: Date and notes**

**Plan of action/referrals made if client not accepted into CJP**