

# Redirection Referral Request Form

Date Request Completed: \_\_\_\_\_

## YOUTH INFORMATION

DJJID: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_

## YOUTH INSURANCE INFORMATION

Does the youth have private insurance:      Yes      No      NA

If yes, Provider Name: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Does the youth have Medicaid:      Yes      No      Unknown

If yes, Medicaid ID #: \_\_\_\_\_

## JPO CONTACT INFORMATION

JPO Assigned: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

JPO Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## MODALITY RECOMMENDATION

Full PACT Risk to Reoffend:      High      Moderate-High      Moderate      Low

Date of last full PACT: \_\_\_\_\_

JPO's recommended modality: \_\_\_\_\_

Justification: \_\_\_\_\_

## FOR PROBATION YOUTH ONLY

If Moderate Risk      High Dynamic Risk Factor(s)      Moderate-High Dynamic Risk Factors  
(Provide):

Referral Packet items: \*indicates mandatory items(check attached)

Facesheet \*

School Records\*

PACT Overview Report\*

Prior assessments available (SAMH-2, SAMH-3, bio-psychosocial, comprehensive assessment, comprehensive evaluation)

Most recent PDR, if available

Discharge Summary or latest Progress Reports, if applicable

PACT Mental Health and Substance Abuse Report and Referral Form\*

Court Orders, if applicable