

2009-11 Youth Service Bureau Grant Application

CONNECTICUT STATE DEPARTMENT OF EDUCATION
YOUTH SERVICE BUREAU PROGRAM

a. INDIVIDUAL SERVICE REPORT

Name: _____

- Younger than Age 16
Ages 16 to 18

Section I: PROFILE

Gender: Male: Female:

D.O.B or Age: _____

RACE/ETHNICITY

- Caucasian/White
African American
Hispanic/Latino
Asian
Native American
Multiracial
Other

FAMILY CONSTELLATION

- Two birth/adoptive parents
Step and birth parent
Single parent (female)
Single parent (male)
Grandparents
Relative/Guardian
DCF Guardianship
Foster parent(s)
On own

Section II: REFERRAL SOURCE

- Police
School
Pre-referral to prevent FWSN activities
Parent/Guardian
Department of Children and Families
Superior Court, juvenile matters
FWSN Yes No
Juvenile Review Board
Social Service Agency
Self
Other

Section IV: SERVICES PROVIDED

- Juvenile Justice Programs
Court-Ordered Community Service Programs
Juvenile Review Board Programs
Truancy Programs
Detention/Suspension/Expulsion Programs
Diversion Programs
Families with Service Needs Programs Completed recommended services Yes No
Court Advocacy Programs
Other

Section III: REASON FOR REFERRAL

- Positive youth development
Delinquent behavior
Truancy from school
Referred by the Court? Yes No
Defiance of school rules
Nonschool issues
Running away
Beyond control
Indecent/immoral conduct

Mental Health Services

- Individual therapy
Family therapy
Group therapy
Crisis intervention
Case management
Other

Child Welfare Programs

- Teen Pregnancy Prevention
Teen Parent Education

Youth Development Programs

- Positive Youth Development programs
After school programming
Employment/training
Leadership development
Mentoring
Peer-to-Peer programming
Volunteerism
Other

Special issues:

- Depression
Suicidal behavior
Neglect
Substance abuse
Pregnancy/teen parent
Homelessness
Parenting/family issues
School issues
Other

Name of Person Completing Form: _____ Date: _____

Signature: _____