



MST PROGRAM REFERRAL FORM

Youth Name:
Date of Birth:
Youth's race:
School name:
Preferred language:

Referral Date:
Address:
Telephone:

Name, Email, Telephone # (for each):

Referral source:
Parent/Guardian/Caregiver:
Household member names:
Probation Officer:
MH Worker:
Social Services/ Care Worker:

Please check all that apply:

Youth Behavioral Characteristics

Violent/physically aggressive behavior
Verbally aggressive or threatening behavior
Robbery, theft
Vandalism, destruction of property
Drug-related criminal offending
Substance use
Running away
Non-compliance with probation or court order
Non-compliance with family rules & expectations
Other:
Other:
Other:
Other:

Youth-School Characteristics

Expelled or dropped out of formal education
Attending alternative school setting – not mainstream
Multiple suspensions for problem behavior
High association with antisocial school peers
Low affiliation with prosocial school peers
Poor relationships with school staff
Attendance problems
Academic problems – risk of failure

Youth-Peer Characteristics

Gang membership or strong affiliation
High affiliation with mostly antisocial peers
Mixed antisocial and prosocial peers
Low affiliation with prosocial peers

Desired Outcomes for referral to MST services

Please place an "H" in areas you see as having highest priority.

Prevent out of home placement.
Reduce aggressive and/or criminal behaviors.
Retain in school/vocational efforts and/or improve school attendance.
Improve academic functioning.
Reduce substance use.
Other:

Improve family problem solving skills.
Improve family communication and cohesiveness.
Improve family behavioral management skills.
Improve youth pro-social involvement and peer relationships.
Other:
Other:

EXCLUSIONS:

- Youth living independently, or youth for whom a primary caregiver cannot be identified despite extensive efforts to locate all extended family, adult friends and other potential surrogate caregivers.
- Youth referred primarily due concerns related to suicidal, homicidal, or psychotic behaviors.
- Youths whose psychiatric problems are the primary reason leading to referral, or who have severe and serious psychiatric problems.
- Juvenile sex offenders (sex offending in the absence of other delinquent or antisocial behavior).
- Youth with moderate to severe difficulties with social communication, social interaction, and repetitive behaviors, which may be captured by a diagnosis of autism.

Please submit referral form to: CCS.MSTReferrals@ccs1967.org