

# FONTANA LEADERSHIP INTERVENTION PROGRAM REFERRAL APPLICATION

**RETURN TO: 9680 Citrus Ave., Bldg. 20, Fontana, CA 92335**

## OFFICE USE ONLY – DO NOT WRITE IN THIS AREA

FLIP START DATE: \_\_\_\_\_ CLASS #: \_\_\_\_\_ REFERRED BY: \_\_\_\_\_  
CHARGES: \_\_\_\_\_  
ENROLLED          DROPPED          TERMINATED          REASON FOR BEING DROPPED OR  
TERMINATED: \_\_\_\_\_  
VIOLENT OFFENDER          MEDICAL CONDITION          TRANSPORTATION  
PARENT(S) UNCOOPERATIVE          OTHER: \_\_\_\_\_  
APPLICATION REVIEWED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

## PARTICIPANT'S INFORMATION

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_ STUDENT ID#: \_\_\_\_\_ GRADE: \_\_\_\_\_ AGE: \_\_\_\_\_  
RACE: \_\_\_\_\_ SEX: \_\_\_\_\_ SCHOOL NAME: \_\_\_\_\_  
SPECIAL EDUCATION: YES    NO    RSP    SDC    SED  
HOME ADDRESS: \_\_\_\_\_ APT#: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
HOME PHONE: (\_\_\_\_) \_\_\_\_\_ CELL PHONE: (\_\_\_\_) \_\_\_\_\_  
PARTICIPANT LIVES WITH BOTH PARENTS          PARENTS ARE DIVORCED/SEPARATED  
PARTICIPANT LIVES WITH: MOTHER    FATHER    FOSTER PARENT    GRANDPARENT  
AUNT    UNCLE    STEP PARENT    OTHER: \_\_\_\_\_

## PARTICIPANT'S MEDICAL HISTORY

LIST ALL MEDICATIONS: \_\_\_\_\_  
LIST ALL MEDICAL/MENTAL CONDITIONS: \_\_\_\_\_  
IS PARTICIPANT PREGNANT: YES    NO

## REASON FOR REFERRAL

### Check all that apply and give brief explanation

DATE: \_\_\_\_\_ REFERRED BY: \_\_\_\_\_ AGENCY/SCHOOL: \_\_\_\_\_  
REASON FOR REFERRAL: PRIOR ARREST    TRUANCY    THEFT    BURGLARY    ROBBERY  
WEAPON    TYPE: \_\_\_\_\_ TOBACCO    FIGHTING    RUNAWAY  
ALCOHOL    AOD PROGRAM (List Dates): \_\_\_\_\_  
DRUGS    LIST: \_\_\_\_\_ SALE OF DRUGS  
VANDALISM/GRAFFITI    GANG AFFILIATION    NAME OF GANG: \_\_\_\_\_  
SUSPENSIONS    HOW MANY DAYS: \_\_\_\_\_ PRE-EXPULSION    DATE: \_\_\_\_\_  
OTHER: \_\_\_\_\_  
COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## PARENT/GUARDIAN INFORMATION

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_ DRIVERS LICENSE#: \_\_\_\_\_ STATE: \_\_\_\_\_  
HOME ADDRESS: \_\_\_\_\_ APT#: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
HOME PHONE: (\_\_\_\_) \_\_\_\_\_ CELL PHONE: (\_\_\_\_) \_\_\_\_\_ WORK PHONE(\_\_\_\_) \_\_\_\_\_  
EMPLOYER NAME: \_\_\_\_\_