

**COUNTY**  
**PROGRAM REFERRAL INFORMATION CHECKLIST**

JCMS Face Sheet

Court Order

Social Study/Intake Interview

Current/Prior Offense(s)

Victim Information

Victim Impact Statement

Attitude of the juvenile towards the crime victim(s), acceptance of responsibility for causing harm, and willingness to take action to repair harm

YLS attached - Date of last completion:

Case Plan and Treatment Goals (Optional to include the Field Based Case Plan document)

List of anticipated services the facility is expected to provide to address risk and needs

DNA Tracking Form

Educational Information:

IEP/Reevaluation Report(s)

Records/Transcripts

Home School District Contact Information Records/Transcripts

Last School Attended

Employment

Birth Certificate

Social Security Card

Driver's License/ID

Evaluations:

Psychological

Psychiatric

Drug and Alcohol

Trauma

Other (Please explain: )

Past Placement Discharge Summaries

Pa. Academic and Career Technical Training (PACTT) Information

Medical Information

Insurance Information

Medications

Immunization Records

Physical

Fees, Costs and Restitution Owed

Other

This checklist is to be used as a guideline to ensure that all necessary and available information has been sent with the program referral. When completing this form, merely check off the items that have been included with the referral, regardless of the specific document containing the information. Please note that every item on this checklist may not be available due to case-specific facts or county policy. Feel free to add any information to this form or use "N/A" when appropriate.

**Service providers should be directed by the juvenile probation department to destroy all referral information in cases where the child is not accepted for service, and to notify the juvenile probation department when the referral material has been destroyed.**