

LEVEL 7 YOUTH INVESTMENT REFERRAL FORM

Level 7 Program Serves: youth up to age 17, non-adjudicated youth, and youth not involved with DHS.

Level 7 Services: include family mediation, crisis intervention, behavior contracts, case management, risk assessments and referrals, parenting classes, truancy support, and school performance assistance.

Referred By: _____ **Contact #:** _____

Referral Date: _____

Youth Identification

Name: _____ **Date of Birth:** _____

School: _____ **Grade:** _____ **Gender:** _____

Parent(s)/Guardian(s): _____ **Contact #:** _____

_____ **Contact #:** _____

Address: _____

Lives with: _____

TRUANCY CONCERNS: Yes/No

If yes, has guardian(s) received attendance letters? _____

Identified Concerns (youth and family)

To be completed by the Director of the Crook County Juvenile Department

Approved for Level 7: Yes _____ No _____

Crook County Juvenile Director's Signature: _____

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