



elevating expectations for youth

REFERRAL FORM for potential **exalt** candidate: **exalt** only serves Youth with active or recent Criminal Justice involvement (within one year). Candidates must have a processed arrest for a Delinquent and/or Criminal charge in the Juvenile or Adult system.

Please complete this 3-page form with the potential candidate. It will take between 10-15 minutes to complete. You can call 347.621.6100 extension #1 with any questions. Email this form to signup@exaltyouth.org when completed.

DATE ___ - ___ - ___

REFERRING PERSON

Name (first, last) _____ Organization _____

Email _____ Phone ___ - ___ - _____

CANDIDATE: Basic Information

Name (first, last) _____ Date of Birth ___ - ___ - _____ SSN? Yes No

Street Address _____ Unit or Apt _____

City _____ State ___ Zip Code _____

Mobile Phone ___ - ___ - _____ Home Phone ___ - ___ - _____

Preferred Phone (circle one) *Home Mobile* Email _____

Legal Guardian (first, last) _____

Relationship (circle one) *Father Mother Grandparent Aunt Uncle Foster Parent Other*

If Candidate *is* or *was* in Foster Care, date that Foster Care began ___ - ___ - _____

If Candidate *was* in Foster Care, date that Foster Care ended ___ - ___ - _____

Foster Care Agency _____

School Name _____ Grade (circle one) *8 9 10 11 12 Graduated*

Any Health Concerns (mental or physical) _____

Any Medications _____

Other Program Involvement _____



CANDIDATE: Criminal Justice Information

NYSID # _____

Open Court Case (circle one) *Yes No Unknown*

Court Date ___ / ___ / _____

Can engagement with **exalt** influence the outcome of this case? (circle one) *Yes No Unknown*

If yes, please explain how _____

Is this young person mandated (or will be) to **exalt**? (circle one) *Yes No Unknown*

Youthful Offender (Y.O.) Eligible (circle one) *Yes No Unknown*

Borough of Court (circle one) *Bronx Brooklyn Manhattan Queens Staten Island*

Type of Court (circle one) *Family Criminal Supreme Supreme-Youth Part*

Type of Charge (circle one) *Violent Felony Non-Violent Felony Misdemeanor Violation DAT FCAT*

Initial Charge Description _____

Probation Officer (first, last name) _____ Phone ___ - ___ - _____

Lawyer (first, last name) _____ Phone ___ - ___ - _____

Social Worker (first, last name) _____ Phone ___ - ___ - _____

Current Supervision (check all that apply)

____ *Alternative to Placement*

____ *Probation*

____ *Alternative to Incarceration*

____ *Adult Probation*

____ *Alternative to Detention*

____ *Adult Parole*

____ *OCFS*

____ *Supervised Release*

____ *Family Court*

____ *Intensive Community Monitoring*

Program Info for Supervision _____

Start Date for Supervision ___ / ___ / _____

End Date for Supervision ___ / ___ / _____



Current Detention (check all that apply)

____ *Non-secure Placement*

____ *Secure Detention*

____ *Limited Secure Placement*

____ *Non-secure Detention*

____ *Adult Placement*

Program Info for Detention _____

Start Date for Detention ___ / ___ / _____ End Date for Detention ___ / ___ / _____

Other Appointment Dates (including other Court dates)

___ / ___ / _____ Description of Appointment _____

___ / ___ / _____ Description of Appointment _____

___ / ___ / _____ Description of Appointment _____

Prior Criminal Justice Involvement

Prior Charges (circle all that apply) *Violent Felony Non-Violent Felony Misdemeanor Violation DAT FCAT*

Dates of Prior Charges ___ / ___ / _____ ___ / ___ / _____ ___ / ___ / _____

Prior Supervision or Incarceration (circle all that apply) *Juvenile Detention Rikers Adult Jail/Prison Residential*

Dates of Prior Supervision ___ / ___ / _____ ___ / ___ / _____ ___ / ___ / _____

Any Additional Information
