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**DIVERT Referral Form**

|  |  |
| --- | --- |
| **Name of Youth**: |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| DOB: |  | Age: |  | School: |  | Grade: |  |

|  |  |
| --- | --- |
| Parent(s) Name(s) |  |
| Address: |  |
| Phone: |  |
| E-mail |  |
|  |  |
| Parent(s) Name(s) |  |
| Address: |  |
| Phone: |  |

E-Mail:

|  |  |  |
| --- | --- | --- |
| Other Family Members | Relationship | Age / School / Grade |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Brief Description of the Problem**:

|  |  |
| --- | --- |
| Problems with Authority | Drug/Alcohol use |
| Recent Violation of the Law | Mental Health Issues |
| Parent/child conflict | Grief & loss |
| Relational Problems due to Anger | Poor peer relations/ social skills |
| School Attendance/ Adjustment Issues | Other |

|  |  |
| --- | --- |
| Additional Information |  |
|  | |
|  | |

|  |  |  |
| --- | --- | --- |
| Past Juvenile Court involvement? | Yes | No |
| If yes, describe: | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Referral Name/Agency** | |  | | |
| Contact Info: | Phone: |  | Email: |  |
| Date of Referral: |  | | | |

**Please return referral form to Lutheran Social Services DIVERT by email to**

[**DIVERT@lssnd.org**](mailto:divert@lssnd.org)

**Referrals can also be taken over the phone at**

**Grand Forks (701) 772-7577/ Dickinson (701)471-3309**