****

**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**

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

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