



Youth Transitional Intervention Program (YTIP)

REFERRAL FORM

Keep One Copy For Your Files:

Fax copy to: (714) 480-1933

Please Contact: Solomon Massin 714-480-1925 ext. 106

Case # _____

Date of Referral: ___/___/___

APPLICANT'S INFORMATION

Juvenile's Name			Age	Date of Birth	
Parent's or Guardian Name			Ethnicity		
Street Address ()		City	Zip Code		
Telephone Number			Primary Language:		

RE-ENTRY INFORMATION

/ /		_____		_____	
Estimated Release Date		Juvenile Probation Officer Signature:		Date	
Participant's Signature: _____		Date		Parent/Guardian Signature: _____	
				Date	

Eligibility Requirements:

Enrollment in program should be made 4-6 weeks prior to release

- ✓ Substance abusing reentry youth
- ✓ Male or female between the ages of 14 -18yrs
- ✓ Youth is currently in custody at an Orange County facility (i.e. YGC, YLA, Juvenile Hall, Youth Resource Centers, ACP etc.) or under supervision with Probation (i.e. house arrest, day reporting, etc).

Comments:

DEADLINE: Please notify contact person if

youth has not enrolled by: ___/___/___

Name of Contact Person Phone #/Email

Agency/Department/Unit