



Youth Transitional Intervention Program (YTIP)

Keep One Copy For Your Files:
Fax copy to: (714) 480-1933

REFERRAL FORM

Case # _____
Date of Referral: _____

Please Contact **Erika Sanchez Senior Case Manager @ 714-480-1925 ext. 120 or
Solomon Massin II, MSW @ 714-480-1925 ext. 106**

APPLICANT'S INFORMATION

Juvenile's Name			Age	Date of Birth	
Parent's or Guardian Name			Ethnicity		
Street Address		City	Zip Code		
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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
 - ✓ High Risk Reentry Youth
 - ✓ Male or female between the ages of 13 -18yrs
 - ✓ Youth is currently in custody at an Orange county facility (i.e. YGC, Juvenile Hall, etc.)

Additional Comments: _____