

## SPRITE PROGRAM REFERRAL AND FACE SHEET

Please return this form to **SPRITE 2909 Landmark Place, Suite 104 Madison, WI 53713. (608) 288-3351**

Referral From:  COUNTY  DJC

### IDENTIFYING INFORMATION OF YOUTH

NAME OF YOUTH \_\_\_\_\_ ALIAS \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_ Provision of the SSN is voluntary. Failure to provide the SSN may result in the inability of the youth to complete a job-development component of the SPRITE program.

DOC NUMBER \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_ INSTITUTION/COUNTY \_\_\_\_\_ SCHOOL YOUTH WILL ATTEND \_\_\_\_\_

RACE (Check One)  
 WHITE  BLACK  UNKNOWN  
 NATIVE AMERICAN/NATIVE ALASKAN  ASIAN/PACIFIC ISLANDER

HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ SEX  M  F HAIR COLOR \_\_\_\_\_ EYE COLOR \_\_\_\_\_

TATTOOS, MARKS, SCARS, ETC. \_\_\_\_\_

NAME OF FATHER \_\_\_\_\_ HOME TELEPHONE NUMBER \_\_\_\_\_ WORK TELEPHONE NUMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

NAME OF MOTHER \_\_\_\_\_ HOME TELEPHONE NUMBER \_\_\_\_\_ WORK TELEPHONE NUMBER \_\_\_\_\_

ADDRESS (if different from the father) \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

NAME OF GUARDIAN \_\_\_\_\_ HOME TELEPHONE NUMBER \_\_\_\_\_ WORK TELEPHONE NUMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

COMMITTING COURT \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_ BEST MONTH FOR PROGRAM \_\_\_\_\_

OFFENSE(S) \_\_\_\_\_

CHECK ALL THAT APPLY  
 AWOL RISK  PHYSICALLY ASSAULTIVE HISTORY

NAME OF AFTERCARE AGENT OR COUNTY SOCIAL WORKER \_\_\_\_\_ WORK TELEPHONE NUMBER \_\_\_\_\_ ON-CALL TELEPHONE NUMBER \_\_\_\_\_

FAX NUMBER \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

ADDRESS (WORKSITE) \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

NAME OF INSTITUTION SOCIAL WORKER \_\_\_\_\_ WORK TELEPHONE NUMBER (Include Extension Number) \_\_\_\_\_

POSSIBLE RELEASE PLANS (If youth is successful in this program) \_\_\_\_\_

ALTERNATE PLANS (If youth is unsuccessful in this program) \_\_\_\_\_

**COMMENTS** (Exclude personal health information) \_\_\_\_\_

OJOR APPROVED  Yes  No