UNIVERSITY of DENVER

Denver FIRST Juvenile Justice Project
2450 S. Vine St., Denver, CO 80208 / P:303.871.7910 / F: 303.871.3625 / E: DenverFirst.JJP@du.edu

Juvenile Justice Project Referral Form

Date of Referral:_____ Name of Referred Person:_____

DOB:_____ Gender Identity:_____ School (if attending school):_____

Address: _____

Referred Person's Phone Number: _____ Okay to leave a message: ☐Yes ☐No

Medicaid number: _____ Interpreter needed? ☐Yes ☐No Preferred Language: _____

Has this referral been discussed with the person? ☐Yes ☐No Are they in agreement? ☐Yes ☐No

Best Days/Times for appointments: _____

Caregiver Name: _____ Medical decision-making authority: ☐Yes ☐No

If no, name and contact info of medical decision maker: _____

Caregiver Phone Number: _____ Okay to leave a message: ☐Yes ☐No

Mental health symptoms/Known trauma history:
☐Depression ☐Anxiety ☐Trauma History ☐Behavioral Disturbance

Legal history or risk factors for legal involvement:
☐Criminal Offenses (assault, theft, etc.) ☐Status Offenses (truancy, running away, etc.)

Substance Use:
☐None ☐Mild ☐Moderate ☐Severe ☐Known family substance use

Additional Information:

Name of person making referral: _____ Phone number: _____

Agency you are referring from: _____ Email: _____

Please return referral form, Release of Information and any additional documents for referral (court records, assessments, etc.) by encrypted email to DenverFirst.JJP@du.edu or fax to 303.871.3625.