	WEST VIRGINIA DIVISION OF JUVENILE SERVICES	<u>POLICY NUMBER:</u> 802.00	<u>PAGES:</u> 2
<u>CHAPTER:</u> Youth Reporting Services	<u>REFERENCE AND RELATED STANDARDS:</u> WV Code Chapter §§49-2-903 & 49-2-912		
<u>SUBJECT:</u> Referrals			
<u>DATE:</u> July 1, 2016			

PURPOSE

This policy is to ensure guidelines are in place to handle referrals for all youth accepted or denied by the Youth Reporting Centers for programs.

CANCELLATION

This policy has been revised and supersedes Policy 802.00 dated April 1, 2009.

APPLICABILITY

This Policy applies to all Division of Juvenile Services' Youth Reporting Centers.

PROCEDURES

1. All referrals will be documented on the approved West Virginia Division of Juvenile Services Youth Reporting Center Referral Form (Attachment #1).
2. All Youth Reporting Center staff will be trained in utilization of the West Virginia Division of Juvenile Services Youth Reporting Center Referral Form.
3. All referrals will be reviewed and approved by the Program Director.
4. Upon receipt of the referral, the Youth Reporting Center staff will request collateral information from the referring agency (i.e. education records, PSI, psychological).
5. An acceptance will be given to the referring agency within twenty-four (24) hours via telephone or e-mail. A written denial will be sent to the referring agency within twenty-four (24) hours.
6. For those referrals that are accepted, the family will be contacted by the Youth Reporting Center staff within forty-eight hours (48) to schedule an orientation to occur within five (5) business days.

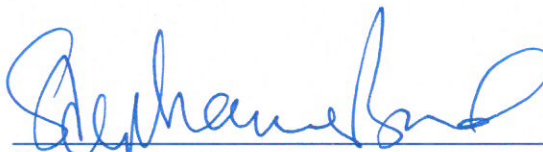
Chapter	Subject	Policy #	Page
Youth Reporting Services	Referrals	802.00	2 of 2

7. The West Virginia Division of Juvenile Services Referral Form and collateral information will be uploaded in OIS.
8. This policy will be adopted in its entirety and no operational procedure will be developed.

RIGHTS RESERVED

The Director reserves the right to modify, suspend or cancel any provision herein in part or entirety, without advance notice, unless prohibited by law.

APPROVED:

 7/1/16

Director **Date**

**West Virginia Division of Juvenile Services
Reporting Center Referral Form**

Today's Date: ___/___/_____

Youth's Name: _____ DOB: ___/___/___ GENDER: _____

Probation Officer: _____

DHHR Worker (if applicable): _____

Parent/Guardian Contact Information:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: () _____ - _____ Alternate Phone: () _____ - _____

Reason(s) youth is being referred:

- Court Ordered. (Judge or Magistrate) Adjudicated
- Pre-Petition Diversion (Status or Delinquent)
- Post-Petition (Status or Delinquent)
- Home Detention/ISP (bracelet)

School attending: _____

Is youth currently: Expelled Suspended Officially Withdrawn from school Homebound Alternative Ed

List Current or Pending Charges:

History of Placements, Programs, or other interventions attempted:

Special Instructions (Probation/DHHR Recommendations):

Person Receiving the Referral: _____

Accepted

Denied

Reason for Denial:

Program Director: _____

Date: ___/___/___