

# REFERRAL FORM



**IGNITE Youth Alliance** is a mentoring program administered by the Roundtable of St. Lucie County in partnership with more than 30 other community partner agencies, providing services and opportunities for youth involved in or at high risk for being involved in gangs, high-risk street activities and community violence.

Our strategies include intervention, prevention and suppression activities to address violence in St. Lucie County. **IGNITE Youth Alliance** is based on a national anti-violence model developed by the United States Office of Juvenile Justice and Delinquency Prevention (OJJDP) and supported by the National Gang Center. The goal of the program is to reduce gang-related crime, community violence and victimization in St. Lucie County by providing alternatives and opportunities for youth. The program is voluntary and there is no cost for participants.

**IGNITE Youth Alliance** serves youth (males and females) ages 6-18 that are involved in or at risk for involvement in high-risk street activity and gangs. We provide the following services and opportunities:

- Mentoring
- Life Skills
- Assistance with Employment
- Transportation
- Pro-Social Activities
- Assistance with completing probation sanctions
- Tutoring
- Fatherhood initiative/Girls Circle

## Referral Criteria:

### Males 6-11:

- Serious behavioral issues at school or at home.
- Family history of violence, gang involvement, substance abuse.
- Academic Failure, lack of commitment to school (truancy),
- Bullying and/or fighting behavior at school/street.
- Victimization and exposure to street violence/trauma (friends/family members killed).

### Males 12-24:

- Involvement in a gang or violent street organizations
- Recently released from prison
- Recently shot
- History of violence
- Weapons carrier
- Prior criminal history
- Involved in high risk street activity

### Girls 12-18:

- Family history of violence, gang involvement, substance abuse
- Friends (and significant others) who engage in the problem behavior (violence, gang involvement, substance abuse) and antisocial peers.
- Sexual exploitation/Trauma.
- Academic Failure, lack of commitment to school (truancy), Bullying, Fighting behavior at school/street.
- Victimization and exposure to street violence/trauma (friends/family members killed).

For more information or to refer a person to the IGNITE Youth Alliance, please contact Darcy McFolley, Intervention and Outreach Coordinator at Cell: (772) 267-7809 | Office: (772) 448-5701 or [dmcfolley@roundtableslc.org](mailto:dmcfolley@roundtableslc.org)

# IGNITE Youth Alliance – Referral Form

<b>FIRST NAME:</b>	<b>MI:</b>	<b>LAST NAME:</b>	
<b>AKA:</b>	<b>DOB:</b>	<b>AGE:</b>	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
<b>ADDRESS:</b>	<b>CITY:</b>	<b>ZIP:</b>	<b>PHONE:</b>
<b>PARENT/GUARDIAN (If under 18):</b>	<b>PARENT/GUARDIAN PHONE:</b>	<b>GRADE:</b>	<b>SCHOOL:</b>

**ETHNICITY:**  
 White/Anglo    Hispanic/Latino    Asian/Pacific Islander    Other \_\_\_\_\_  
 Black/African American    American Indian/Native American    Other/Multiracial

<p><b><u>SCHOOL HISTORY:</u></b></p> <input type="checkbox"/> Has history of suspensions <input type="checkbox"/> Has history of expulsions <input type="checkbox"/> Has history of school disciplinary problems <input type="checkbox"/> Has history of school violence problems <input type="checkbox"/> Decline in academic performance <input type="checkbox"/> Truant	<p><b><u>SCHOOL STATUS:</u></b></p> <input type="checkbox"/> Attending school <input type="checkbox"/> Not Enrolled <input type="checkbox"/> HS Graduate <input type="checkbox"/> GED/Voc Ed Classes <input type="checkbox"/> Drop Out <input type="checkbox"/> Other _____	<p><b><u>CRIMINAL HISTORY/STATUS:</u></b></p> <input type="checkbox"/> No prior history <input type="checkbox"/> Unknown <input type="checkbox"/> Pending Adjudication Incarcerated: <input type="checkbox"/> Past <input type="checkbox"/> Present Where: _____ On Probation/Parole: <input type="checkbox"/> Past <input type="checkbox"/> Present Prob./Parole Officer /Contact Info:
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<p><b><u>LEVEL OF INVOLVEMENT / ACTIVITY:</u></b>                  4 being the lowest and 1 being the highest: rate the individual's level of gang involvement/ association, or if the referral is not gang related, general delinquency status?   <b>Gang Involvement:</b>  <input type="checkbox"/> 4   <input type="checkbox"/> 3   <input type="checkbox"/> 2   <input type="checkbox"/> 1   <input type="checkbox"/> Unknown   <b>Delinquency Level (Not Gang Related):</b>  <input type="checkbox"/> 4   <input type="checkbox"/> 3   <input type="checkbox"/> 2   <input type="checkbox"/> 1   <input type="checkbox"/> Unknown</p>	<p><b><u>POSSIBLE GANG INDICATORS:</u></b></p> <input type="checkbox"/> Admits gang involvement <input type="checkbox"/> Sibling of known gang member <input type="checkbox"/> Associates with gang members <input type="checkbox"/> Frequents known gang area <input type="checkbox"/> Wears gang attire <input type="checkbox"/> Involved in gang related incident(s) <input type="checkbox"/> Gang related tattoos/ piercings  <b>Gang Affiliation:</b> _____	<p><b><u>DELINQUENCY INDICATORS:</u></b></p> <input type="checkbox"/> Behavior / discipline issues at home <input type="checkbox"/> Suspected/ known drug/alcohol use <input type="checkbox"/> Aggressive/ anti-social attitude <input type="checkbox"/> Runaway <input type="checkbox"/> Violent actions <input type="checkbox"/> Access to weapons <input type="checkbox"/> Other _____
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**Additional Qualifying Referral Criteria:**

Family history of violence, gang involvement, substance abuse.    Friends (or significant others) who engage in the problem behavior (violence, gang involvement, substance abuse), and anti-social peers.    Sexual exploitation/ trauma.

Academic failure, lack of commitment to school (truancy).    Bullying, fighting behavior at school/on streets.

Victimization and exposure to street violence / trauma (friends, family members killed).

<b>REFERRING PERSON AND TITLE:</b>	<b>AGENCY &amp; CONTACT INFO:</b>	<b>REFERRAL DATE:</b>
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**REASON FOR REFERRAL:**

  
  
  
  
  
  
  
  
  
  

**EMAIL TO: [dmcfolley@roundtablesic.org](mailto:dmcfolley@roundtablesic.org) – or - FAX: (772) 302-3619**