## Salt Lake City Police Department Promising Youth Project Referral Form



"Unlocking Promising Potential"

The Salt Lake City Police Department's core youth prevention and intervention component the *Promising Youth Project* is a comprehensive crime, violence, and gang reduction program. The project works with collaborating government agencies and community groups in Salt Lake City. The purpose of the *Promising Youth Project* is to provide promising youth with the opportunities and support needed to improve protective factors and reduce youth high risk factors. The project achieves this by teaching life skills, social-emotional learning skills, conflict resolution skills, and resistance techniques to antisocial behaviors. The *Promising Youth Project* conducts case management for program participants by assessing their individual risks and needs, connecting them with a variety of services and opportunities through a multi-disciplinary intervention team, and conducting ongoing support and follow-up with participants. Partnering agencies and organizations provide services and opportunities in areas such as:

- Education
- Employment
- Counseling
- Mentoring
- Mental health
- Substance abuse
- Positive use of time
- Recreation/hobbies
- Parental support
- Family stability
- Goal-setting
- Character-building
- Positive peers
- Volunteerism
- Etc, etc, etc...

Please fill out this referral and submit to the Program Manager listed below. The referral will be processed and a follow-up will be completed with the referred individual and/or family within 10 days, unless otherwise communicated.

 Please submit referrals to :
 Krystyn Stargel, Program Manager

 Salt Lake City Police Department
 krystyn.stargel@slcgov.com

 Phone: (385) 312-3104
 Mail: PO Box 145497 SLC, UT 84111-5497

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Referred By (Name):	Organization:	Position:
Phone:	Email:	Today's Date:

First Name (Client):	Last Name (Client):			
Address:				
City:	State & ZIP:			
Phone- Home (Guardian):	Phone-Cell (Guardian):			
Date of Birth (Client):	Age:	Gender: Male/Female/Non-binary		
Ethnicity:				
African-American/Black Asian/Pacific Islander Latino/Hispanic Caucasian/White Prefer Not to Specify				
Native American/American Indian       Other/Multicultural: (specify)				
Please see next/back page.				

*Parents/Guardian(s)* must be notified of this referral; has this been completed?  $\Box$  Yes  $\Box$  No

Rea	Reason(s) for Referral: (Please give a brief explanation.)				
	e individual exhibits which of the following risk	Th	is referral was made after the following:		
	tors:		First Incident		
	Antisocial Tendencies		2-5 Incidents		
	Critical Life Events		5+ Reoccurring Incidents		
	Peer Delinquency				
	Impulsive Risk Taking	Но	ow would you rate the level of support needed:		
	Weak Parental Supervision		(1 being the lowest and 4 being the highest)		
	Neutralization		1 Low-Risk		
	Negative Peer Influence		2 Low-Medium Risk		
	Alcohol and/or Substance Abuse		3 Medium Risk		
	Gang Affiliation and/or Involvement		4 High Risk		
	Unhealthy Relationships	_			
	Involvement in Criminal Activity				
	Poor Communication Skills				
The	The support services being requested for the individual:				
	Violence Prevention/Intervention		Building Healthy Relationships		
	Resistance Techniques to Antisocial Behavior		Managing Difficult Decisions		
	Conflict Resolution Skills Training		Consequential Thinking Skills		
	LifeSkills Training		Family Support and Resources		
	Anger Management		Substance Abuse Prevention		
	Gang Prevention/Intervention		Personal Self-Management Skills		
	Peer-Resistance Skills Training		Stress Management Skills		
	Effective Communication Skills				
Sch	ool Status 🛛 Attending K-12 🖓 Not attending	☐ Hig	h school graduate/GED		
	ool Name:		Grade Level:		
<b>Probation Status</b> On Juvenile Probation JJS Custody No involvement (If involved in Juvenile Probation or in JJS custody please provide name of Probation/Parole Officer)					
Other Programs Individual Has Participated In:					
Additional comments:					