

A Learning Center for Boys in cooperation with the Department of Juvenile Justice and Pinellas County Schools.

3101 Pass-a-Grille Way, St. Pete Beach FL 33706
(727) 471-0390 x 206 • (727) 471-0395 fax • Pinellas-CM2@amikids.org

AMIKids Center for Personal Growth is a program for boys 11 to 15 years of age, with an anticipated enrollment of 12-15 months.
Please complete this Referral in its entirety and submit by email, fax or mail

CANDIDATE FIRST NAME		FULL MIDDLE NAME		LAST NAME	
STREET ADDRESS					
CITY			STATE	ZIP	HOME PHONE
					CELL PHONE
SEX <input type="checkbox"/> MALE	AGE (11-17)	DATE OF BIRTH (MM/DD/YYYY)	SOCIAL SECURITY NUMBER		REFERRAL DATE:
LIVING STATUS <input type="checkbox"/> BOTH PARENTS <input type="checkbox"/> MOTHER ONLY <input type="checkbox"/> MOTHER/STEPFATHER <input type="checkbox"/> FATHER ONLY <input type="checkbox"/> FATHER/STEPMOTHER <input type="checkbox"/> GRANDPARENT <input type="checkbox"/> GROUP HOME <input type="checkbox"/> FOSTER PARENT <input type="checkbox"/> OTHER (NOTE RELATIONSHIP) _____					
CUSTODIAL PARENT/GUARDIAN FIRST NAME		LAST NAME		RELATIONSHIP TO STUDENT <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> _____	
CELL PHONE	HOME PHONE	WORK PHONE	EMAIL ADDRESS <input type="checkbox"/> N/A		
CURRENT SCHOOL (IF NOT CURRENTLY IN SCHOOL, PROVIDE LAST SCHOOL ATTENDED)			COUNTY	LAST DATE ATTENDED	
CURRENT GRADE LEVEL	IS STUDENT ESE? <input type="checkbox"/> YES <input type="checkbox"/> NO				
	IF YES, WHAT IS THEIR EXCEPTIONALITY? <input type="checkbox"/> SLD <input type="checkbox"/> EBD <input type="checkbox"/> EH <input type="checkbox"/> EMH <input type="checkbox"/> GIFTED <input type="checkbox"/> UNKNOWN				
REFERRAL SOURCE (IF NOT A PARENT REFERRAL, REFERRING AGENCY MUST NOTIFY THE PARENT/GUARDIAN OF THIS REFERRAL) <input type="checkbox"/> DJJ <input type="checkbox"/> PCSB <input type="checkbox"/> PARENT <input type="checkbox"/> CASE WORKER <input type="checkbox"/> JUDICIAL <input type="checkbox"/> LAW ENFORCEMENT				REFERRING PERSON	
REFERRING AGENCY (IF APPLICABLE)		CONTACT PHONE		CONTACT EMAIL	
DATE PARENT/GUARDIAN NOTIFIED	PARENT/GUARDIAN NOTIFIED BY		PARENT/GUARDIAN IN AGREEMENT WITH REFERRAL <input type="checkbox"/> YES <input type="checkbox"/> NO		

REASON FOR REFERRAL (CHECK ALL THAT APPLY)

<input type="checkbox"/> LACK OF CONTROL/SUPERVISION IN HOME <input type="checkbox"/> CONFLICT WITH PARENTS/SIBLINGS <input type="checkbox"/> FOSTER CARE/LIVES OUTSIDE THE HOME <input type="checkbox"/> PARENT/SIBLING SUBSTANCE ABUSE <input type="checkbox"/> VIOLENCE IN THE HOME <input type="checkbox"/> RUNAWAY HISTORY	<input type="checkbox"/> HABITUAL TRUANCY/SKIPPING <input type="checkbox"/> FAILING MORE THAN ONE COURSE <input type="checkbox"/> SUSPENSION/EXPULSION HISTORY <input type="checkbox"/> DROPPED OUT OF SCHOOL <input type="checkbox"/> PARENT/SIBLING CRIMINAL ACTIVITY <input type="checkbox"/> USE OF DRUGS/ALCOHOL YES – SCHEDULE INTAKE	<input type="checkbox"/> ANTI-SOCIAL BEHAVIOR <input type="checkbox"/> GANG ACTIVITY/ANTI-SOCIAL PEER GROUP <input type="checkbox"/> AGGRESSIVE BEHAVIOR <input type="checkbox"/> PRIOR ARREST <input type="checkbox"/> CURRENTLY ON DJJ SUPERVISION <input type="checkbox"/> MENTAL HEALTH ISSUES
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Young men who meet the TSeW referral criteria MUST attend a screening interview with their parent to determine eligibility for admission.

Received at AMIKids Pinellas by: _____ Date: _____