



General Referral Form-Youth Justice
IMPORTANT: WE CANNOT HELP WITH CRIMINAL MATTERS
Fax this form to Bay Area Legal Aid at (510) 663-4740
Referring person/agency (Name/Phone No).

CONTACT INFORMATION:

Form with fields: LAST NAME, FIRST NAME, MIDDLE NAME, ADDRESS, CITY, ZIP CODE, BEST WAY TO CONTACT YOU, SAFE PHONE NUMBER, EMAIL ADDRESS, IS IT OKAY IF WE TEXT YOU?, EMERGENCY CONTACT.

INFORMATION ABOUT YOU:

Form with fields: DATE OF BIRTH, LANGUAGE(S) YOU SPEAK, GENDER, ARE YOU A U.S. CITIZEN?, ETHNICITY, RACE.

INFORMATION ABOUT YOUR LEGAL ISSUE:

PLEASE DESCRIBE YOUR LEGAL PROBLEM:
PLEASE LIST THE NAMES OF THE PEOPLE OR COMPANIES WHO CAUSED THE PROBLEM (IF IT IS A HOUSING CASE, NAME OF LANDLORD, PROPERTY MANAGER, AND/OR HOUSING AUTHORITY):

HOW DID YOU HEAR ABOUT BAY AREA LEGAL AID? \_\_\_\_\_

INTERNAL USE ONLY:

Referred to LAL on: \_\_\_\_\_ By: \_\_\_\_\_

Completed by LAL on: \_\_\_\_\_ By: \_\_\_\_\_

**ADDITIONAL INFORMATION**

*Parents' Information (if not listed below)*

1) Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

2) Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Are any family members receiving public benefits? \_\_\_\_\_

Is anyone or has anyone hurt or threatened you? (yes/no) In past 3 months? \_\_\_\_\_

Is a restraining order in place? \_\_\_\_\_ Are you a protected party? \_\_\_\_\_

Has your family recently / previously been evicted or foreclosed on? (yes / no / don't know)

Is it possible that you may need to move or find a different place to stay within the next two weeks? (Yes/ No / Not Sure)

Do people in your household work? \_\_\_\_\_ Caregiver's monthly income? \_\_\_\_\_

Currently enrolled in school? ( yes / no / not sure)

Are you currently attending school? (yes / no) School: \_\_\_\_\_

Special Education Program Involvement? \_\_\_\_\_ Do you have an IEP? (yes / no / not sure)

Currently or previously commercially sexually exploited youth? (yes / no / not sure)

Involvement in Foster care? \_\_\_\_\_ Involvement in Delinquency? \_\_\_\_\_

Current/ Prior Foster care placement?: \_\_\_\_\_

Currently on probation? \_\_\_\_\_

CWW assigned/ Probation Officer assigned: \_\_\_\_\_

Additional case manager/ providers involved: \_\_\_\_\_

Medi-Cal #: \_\_\_\_\_ (active/ inactive) Other Insurance? \_\_\_\_\_

Do you have any diagnoses (i.e., asthma, learning disability, depression)? Have you ever talked to a therapist?

**TELL US ABOUT YOUR HOUSEHOLD (INCLUDE EVERYONE WHO LIVES WITH YOU):**

FIRST AND LAST NAME	AGE	BIRTH DATE (IF KNOWN)	RELATIONSHIP TO YOU
		____/____/____	
		____/____/____	
		____/____/____	